

DOCUMENT RESUME

ED 163 698

EC 112 694

TITLE The White House Conference on Handicapped
Individuals. Summary. Final Report.
REPORT NO DHEW-OHDS-78-22003
PUB DATE 78
NOTE 140p.; For related documents, see EC 103 351 - 353
and EC 112 694
AVAILABLE FROM Superintendent of Documents, U.S. Government Printing
Office, Washington, D.C. 20402 (Stock No.
052-003-00563-8)
EDRS PRICE MF-\$0.83 plus \$7.35 Plus Postage.
DESCRIPTORS Administrative Policy; *Conference Reports; *Federal
Legislation; Federal Programs; *Handicapped Children;
Local Government; *Policy; State Action
IDENTIFIERS *White House Conference on Handicapped Individuals

ABSTRACT

The summary documents the work of the delegates to the White House Conference on Handicapped Individuals and the resolutions they developed, with emphasis on those elements that can be implemented at the federal, state, or local level. The report gives the history and background of the conference; a list of the participants; highlights of speeches and events; the recommendations receiving the top three votes on each of 287 issues considered at the conference; a summary of the resolutions, meetings, and seminars; and the major findings (such as, "The lack of an organized human services delivery system as well as the lack of a rational system of economic support for handicapped persons is a major concern"). (PHR)

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ED163698

THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

SUMMARY FINAL REPORT

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Washington, D C 20402

Stock Number 052-003-00563-8

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INTRODUCTION

A gathering unique in the history of America began on May 23, 1977, in the Nation's Capital. At the White House Conference on Handicapped Individuals 3,700 people from every state and territory assembled to assess the problems and potentials of more than 36 million Americans with mental or physical disabilities. The conference provided the first opportunity ever for persons with handicaps to voice their own concerns and vote for recommendations presenting solutions to the problems that most directly affect their lives.

In his address to conference participants, President Jimmy Carter placed the needed changes in perspective. He said, "It would be a mistake for the rest of America to think that the benefits are only going to the handicapped, because when you get freedom, we share that freedom, and when the handicapped get the benefits of education and a job and a purposeful life, we all share in the benefits of that education, that job, and a purposeful life."

The final report of the conference documents the work of the delegates and the recommendations and resolutions they developed. This summary is a condensed version of that report, emphasizing elements that can be used as a basis for federal, state, and local action.

HISTORY AND BACKGROUND OF THE CONFERENCE

Recognizing that perhaps one-sixth of our nation's population are mentally or physically impaired with urgent unmet needs, the Congress of the United States enacted the "White House Conference on Handicapped Individuals Act" (Title III, P.L. 93-516), as part of the Rehabilitation Act Amendments of 1974. The conference legislation calls for a greater national commitment than has been made in the past.

(1) the United States has achieved great and satisfying success in making possible a better quality of life for a large and increasing percentage of our population;

(2) the benefits and fundamental rights of this society are often denied those individuals with mental and physical handicaps,

(3) there are seven million children and at least twenty-eight million adults with mental or physical handicaps;

(4) it is of critical importance to this nation that equality of opportunity, equal access to all aspects of society, and equal rights guaranteed by the Constitution of the United States be provided to all individuals with handicaps;

(5) the primary responsibility for meeting the challenge and problems of individuals with handicaps has often fallen on the individual or his family;

(6) it is essential that recommendations be made to assure that all individuals with handicaps are able to live their lives independently and with dignity, and that the complete integration of all individuals with handicaps into normal community living, working, and service patterns be held as the prime objective; and

(7) all levels of government must necessarily accept all responsibility for developing opportunities for individuals with handicaps.

In November 1975, the President directed that the authorized conference be held, and the Secretary of Health, Education, and Welfare appointed a National Planning and Advisory Council (NPAC) composed of 28 members. Individuals with disabilities, educators, rehabilitation specialists, medical personnel, social workers, government officials, and members of families that included persons with disabilities. Dr. Henry Viscardi, Jr., was chosen to chair the council, and Jack F. Smith was named executive director of the conference.

Missions and Representation

The stated missions of the conference were to stimulate a national assessment of problems faced by individuals with mental or physical handicaps, to generate a national awareness of those problems, and to develop recommendations for legislative and administrative action to allow individuals with handicaps to live their lives independently, with dignity, and with integration into community life.

The importance of hearing directly from handicapped people was recognized from the beginning. The NPAC established a ratio for selection of delegates to the national conference: at least 50% were to be individuals with handicaps, 25% parents or guardians of individuals with handicaps, and 25% representatives of service delivery organizations and other interested individuals or groups. Delegates also were to be representative of all racial minorities and disabilities.

Participation in the Conference

The conference process called for every state, the District of Columbia, and the territories to conduct conferences prior to the national event. Governors of states and territories appointed directors to guide and conduct local forums and state and territory meetings. Of these 56 directors, 46 were individuals with disabilities.

Each state and territory was asked to elect or select delegates and alternates to participate in the national conference. The number of delegates allotted was based on a formula reflecting expenditure of federal funds for services to persons with disabilities.

In addition, the NPAC, acting in concert with the Secretary of Health, Education, and Welfare, selected 100 delegates-at-large to assure equitable representation for individuals with a mental disability and American minorities—including native Indians, blacks, and Asian Americans.

The NPAC met at regular intervals to develop awareness papers on the most important issues of concern to people with disabilities. These documents were forwarded to the state and territory directors.

Over 100,000 persons participated at local, state, and territory levels. Each state and territory submitted a conference report including recommendations on issues deemed of greatest importance.

Related Activities

An industry-labor Council (ILC), co-chaired by George Meany, President of the AFL-CIO, and John R. Opel, President of IBM Corporation, was established in June 1976 to identify and analyze the problems inherent in the employment of individuals with mental and physical disabilities. Regional meetings of this council were held throughout the country where participants from industry and labor shared ideas, problems, and opportunities.

Eleven regional meetings augmented conference data on unique problems of nonwhite handicapped persons. Special seminars also were held on disabled veterans, children, epilepsy, coordination of service delivery programs, long-term care requirements of people becoming disabled early in life, and information resources.

The National Event

Over 22,000 recommendations were received by the NPAC from the state and territory conferences. Many additional recommendations were filed by the Industry-Labor Council and seminar groups. These were synthesized into the 3,548 recommendations discussed and assigned priority at the national conference.

The White House Conference on Handicapped Individuals took place May 23-27, 1977, at the Sheraton-Park Hotel in Washington, D.C.

THE CONFERENCE PROCESS

The White House Conference on Handicapped Individuals was opened by the President of the United States, Jimmy Carter, who stated, "I am committed to the proposition that disabled people deserve to control and shape their lives. I am committed to insuring that our disabled citizens have the rights and the opportunity to function independently and creatively in our society, rather than be segregated from it."

In turn, Joseph Califano, Secretary of Health, Education, and Welfare (HEW), told the participants, "... we will not turn back ... the promise of this conference will be realized ... for too long, America's handicapped individuals have been victimized by demeaning practices and injustices. But now there is recognition that unjust obstacles to self-determination and fair treatment must fall before the force of the law. ..." Secretary Califano said that a fundamental guidepost to the new era of civil rights for the handicapped would be the HEW regulation implementing Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112).

Workshops and State Caucuses

A series of workshops formed the core of the conference. They provided the interaction whereby delegates could actively work for a majority vote on personally preferred recommendations, they also defined and clarified the intent of the recommendations.

These workshops were: Educational Concerns (Pre-School, School Age, Post-School, Economic Concerns (Employment, Economic Opportunity, Economic Security, Industry and Labor), Health and Social Concerns II (Attitudes, Recreation, Cultural), Social Concerns III (Architectural, Transportation, Communications), Special Concerns I (Multiply and Severely Disabled, Service Delivery, Housing), and Special Concerns II (Civil Rights, Special Populations, Disabled Veterans, Aging).

After the all-day workshops, delegates convened each evening in their state caucuses to discuss and vote on recommendations, to suggest word changes, and to develop resolutions for consideration by all the delegates. Voting was analyzed by computer to determine the priority of those recommendations believed to be the most important for action by the President and the Congress.

Executive and Congressional Participation

Closing ceremonies for the conference were marked by the presence on the speakers' platform of 10 Cabinet members or their representatives, two Senators, seven Congressmen, and a representative of the District of Columbia government. Among the highlights.

Senator Jennings Randolph, chairman of the Senate Subcommittee on the Handicapped, announced that he would introduce legislation that would be responsive to many of the recommendations made by delegates to the conference. The legislation would include a strong emphasis on meeting the needs of the severely handicapped, it would also assure that consumers have a voice at the policy making level of the Federal government.

Brock Adams, Secretary of Transportation (DOT), announced the issuance of a directive, to be mandatory as of September 1979, that all standard-size public buses purchased with DOT funds have a ground clearance not to exceed 22 inches, be able to "kneel" to 18 inches, and be provided with a boarding ramp.

Patricia Harris, Secretary of Housing and Urban Development (HUD), confirmed announcements establishing a new Office of Independent Living for the Disabled and setting a HUD goal of 11,000 new housing units for Americans with disabilities.

F. Ray Marshall, Secretary of Labor, emphasized his commitment to enforcing the regulation for Section 503 of the Rehabilitation Act of 1973, and HEW Secretary Califano reaffirmed his commitment to enforcing the regulation for Section 504. The Commissioner of the Office of Education declared it a top priority to see that school doors open to handicapped individuals.

A representative of the Secretary of State committed that department to opening opportunities for persons with disabilities. A representative of the Secretary of Defense pledged a continuing departmental effort to employ handicapped people.

Senator Robert Stafford of Vermont urged delegates not to be gentle in reminding Congress what needs to be done for handicapped people, and Max Cleland, Administrator of the Veterans Administration, called on delegates for ongoing dedication to bring about positive change.

Final Plenary Session

While the conference was primarily structured and based on 3,548 prepared recommendations covering 287 issues, most states and territories and several special interest groups held their own meetings. As a result of these caucuses, 156 resolutions and 416 word changes were proposed.

The climax of the conference was the general meeting at which the resolutions were presented. After much discussion, the delegates voted to act upon the resolutions by mail ballot.

In a final expression of unity, the delegates approved a resolution supporting the conference and reiterating their intention to work for the common good. As the conference concluded, it was evident that a program of action had emerged—a program primarily developed by persons with disabilities.

It remained for conference staff to translate that program into recommendations for administrative action by the President and the Executive Branch and legislative action by Congress. The delegates unanimously called for establishment of a monitoring body to periodically review implementation of ideas put forth at the conference.

RECOMMENDATIONS THAT RECEIVED THE TOP THREE VOTES

The 56 state and territory conferences were sent a compilation of 226 issues to be considered and discussed during their meetings. They were at liberty to add issues they felt strongly about, and they eventually expanded the number of issues to be considered at the national conference to 287. At the state and territory conferences participants developed over 20,000 recommendations for addressing the issues. The national conference staff synthesized the materials received from the states into 3,548 recommendations to be considered and voted on at the national conference.

A total of 672 delegates representing states and territories and 137 appointed delegates-at-large were authorized to vote. Ballots were cast by 780.

A computer was used to process the daily voting. Demographic data for each delegate, alternate, and delegate-at-large were entered and stored in the computer, and voting patterns were correlated with delegate characteristics such as sex, age, disability, minority status, veteran status, and geographic location.

Voting and personal statistics are presented in Part B (289 pages) of the final report of the conference. Particularly significant are the tabulations of voting in terms of 28 handicap classifications of voters. It is believed this analysis constitutes the first detailed scan of interests by type of disability.

There were slightly more male (56%) than female (44%) delegates, but the balloting indicated very similar voting patterns. The age distribution was as follows. 0-21 years, 2%, 22-45 years, 66%, 46-65 years, 30%, and over 65 years, 2%. Other statistics show that required representation ratios were met.

Delegates were able to weigh their votes to express priorities on which recommendations they would like carried out in each issue area. That is, first choice was given a weight of five points, second, a weight of three points, and third, a weight of one point. Delegates did not have to vote on all issues. On any recommendation they could choose not to vote or could cast a first, second, or third vote. All possible combinations occurred.

Following are the 815 recommendations that passed (23%), specifically, the top three for each issue, or fewer if three did not receive the necessary votes. Under each topic heading, issues are arranged in order of popularity as indicated by weighted total votes. Likewise, recommendations for each issue are in order of popularity.

In some instances punctuation and wording have been changed from the original in order to clarify meaning. Thus there are small differences between the recommendations in this summary and those that appeared in delegates' workbooks and were reproduced in the final report of the conference. Issue and recommendation codes are given in parentheses to facilitate reference to statistical tables and verbatim recommendations in the full-length final report.

Health Concerns: Research

How can the private and public sectors establish a comprehensive research program that emphasizes the causes of all types of handicapping conditions? (HEC I-7)

- **PREVENTION RESEARCH**—Additional support for research should be provided with an emphasis on prevention, amelioration, and reduction in the severity of handicapping conditions. (HEC I-7W)
- **RESEARCH COORDINATING BODY**—A central coordinating body (e.g., a national research center) should be established to strengthen research efforts, assign priorities, and collect and disseminate findings to both public and private agencies utilizing consumer involvement. This body would include handicapped persons. (HEC I-7D)
- **CENTRALIZED INFORMATION SYSTEM**—Some form of centralized information registry, clearinghouse, or data bank should be developed to coordinate and disseminate information on handicapping conditions, with toll-free hotline for services. (HEC I-7A)

How can advocates for research be developed so as to maintain the high quality of research to aid the mentally and physically handicapped? (HEC I-2)

- **TRAINING SERVICE PROVIDERS/RESEARCHERS**—Continuing education and training of service providers/researchers should be strengthened by such actions as: (a) including rehabilitation management in physicians' training and board examinations, (b) encouraging researcher interaction with the handicapped to better understand their problems, (c) selecting those most knowledgeable about the handicapped to provide professional training, (d) providing scholarships and research grants, and (e) establishing a "Professional Information Service" at the state level. (HEC I-2B)
- **PUBLIC AWARENESS**—Efforts should be initiated to make the public aware of the need for research, to publicize successful programs, to disseminate results in a form understandable to laymen, and to promote research legislation. Existing agencies should play a stronger role. (HEC I-2A)
- **PROGRAM EVALUATION BY HANDICAPPED**—Handicapped individuals should be involved in program evaluation efforts to increase their participation in programs which affect them. (HEC I-2P)

How can the public be made aware of procedures that would result in the reduction of risks for mothers and infants caused by alcohol, drug abuse, etc.? (HEC I-6)

- **MEDIA CAMPAIGN ON RISKS INVOLVED**—A media campaign should be developed to warn the public of the risks involved in drug/alcohol abuse, particularly during the formative years. Public service announcements, prime time TV specials, newsletters, and campaigns at public libraries, public health centers, prenatal classes, and family planning programs could be used to provide realistic warnings on the dangers of substance abuse. Federal and state governments should fund such programs. (HEC I-6A)

- **PUBLIC SCHOOL HEALTH EDUCATION**—Public school education courses should emphasize such areas as health care and accident prevention, the risks of substance abuse, the importance of diet in prenatal care, etc. Audiovisual aids, traveling consultants, and speakers could be used to educate the students. (HEC I-6B)

- **DEMONSTRATION PROJECTS**—The federal government should increase funding for demonstration projects in the health area. (HEC I-6C)

How can we demonstrate the benefits of research findings to professionals and other user groups? (HEC I-4)

- **TRAINING/CONTINUING EDUCATION FOR PROVIDERS — RESEARCH**—Continuing education/training of service providers in appropriate research areas (e.g., interpretation of results) should be supported. (HEC I-4B)

- **RESEARCH INFORMATION CENTERS**—Some type of research information center should be developed, either through a national clearinghouse or regional/state facilities. The federal government should disseminate research results to providers. (HEC I-4A)

- **STATE OFFICE OF HANDICAPPED INDIVIDUALS**—A state office of handicapped individuals should be established to develop and coordinate services and to publish and distribute information on research findings. (HEC I-4G)

How can we include a broader population that may be interested in causes and prevention as well as treatment and rehabilitation? (HEC I-3)

- **PREVENTION AWARENESS**—A major publicity campaign should be conducted to educate the public in the need for prevention and early detection (including prenatal care), explaining its cost effectiveness and soliciting the public's support. (HEC I-3A)

- **PUBLIC SCHOOL HEALTH PROGRAMS**—Health instruction should be provided through the public school system, with particular emphasis on prevention, early detection, and healthful habits. (HEC I-3D)

- **PUBLICITY MEANS**—A comprehensive public awareness campaign should be developed using such means as (a) TV spot commercials to disseminate research findings, (b) toll-free information via telephone, (c) improved health career information/counseling programs in high school and college, (d) state-level speakers bureaus, seminars, and workshops, and (e) billboards, bumper stickers, and non-technical articles in national magazines. (HEC I-3C)

How can research and its relationship to prevention and services be better understood by the handicapped individual? (HEC I-1)

• **HANDICAPPED INVOLVEMENT IN RESEARCH**—Incentives and opportunities should be provided to allow the handicapped to participate in research efforts, either as consultants or trained researchers, to identify relevant problems. A local registry could be developed to identify those handicapped who could serve in this capacity. (HEC I-1A)

• **COORDINATED DISSEMINATION OF RESEARCH FINDINGS**—The dissemination of research findings should be better coordinated either through the efforts of the Department of Health, Education, and Welfare or, more generally, through a closer linking of the higher education and health care delivery systems. Researchers should share their findings through publications, lectures, etc. (HEC I-1D)

• **GENETIC COUNSELING**—State and local government agencies should provide genetic counseling services, including amniocentesis testing, to handicapped individuals (HEC I-1I)

How can additional medical and science professionals be attracted to enter the field of birth defects and genetics? (HEC I-5)

• **SECURE ADEQUATE FUNDING**—Grants and other funding should be provided to attract professionals in medicine and science into the field of birth defects and genetics. (HEC I-5F)

• **CONTINUING EDUCATION OPPORTUNITIES**—Continuing education/training opportunities for service providers (e.g., counselors and practicing physicians) should be increased. (HEC I-5A)

• **FEDERAL SUBSIDIES**—Practicing professionals should be granted federal subsidies. (HEC I-5E)

From the standpoint of mental illness, how can we develop an explicit policy on which to base a nationwide effort to disseminate research findings and, whenever appropriate, to foster their use since the need for information on mental illness is of the highest priority? (HEC I-8)

• **DISSEMINATION OF RESEARCH FINDINGS**—Federal funding should be provided for dissemination of the research findings of all federally-supported research organizations. (HEC I-8D)

• **CONSUMER PARTICIPATION**—Consumers should be utilized in programs of public education and in provision of services. The handicapped should have a role in research decision making. (HEC I-8H)

• **RESEARCH COORDINATING BODY**—A research coordinating body should be established in the Department of Health, Education, and Welfare to assure that necessary safeguards and controls are instituted to protect the public in the application of research findings. Funding should be shared by the private sector and the federal government. (HEC I-8B)

How can we develop the techniques to prevent and diminish society's tendency to obliterate the handicapped? (HEC I-10)

• **COMMUNITY-BASED PROGRAMS**—The states should increase funding for community-based programs. (HEC I-10C)

• **PUBLIC SCHOOL EDUCATION PROGRAMS**—Education programs should be developed throughout all levels in the public schools. (HEC I-10A)

- **MORATORIUM ON NEW FACILITIES**—A moratorium on new institutional care facilities should be imposed. (HEC I-10B)

How can information be made available in rural areas regarding diseases, treatment centers, and research, and how can employment of professionally qualified handicapped people in research be encouraged? (HEC I-9)

- **HOSPITAL-AFFILIATED RESEARCH FACILITY**—Funding should be provided to establish hospital-affiliated research facilities in outlying areas, including the American territories. (HEC I-9G)

- **REGISTRY OF SERVICES/PROFESSIONALS**—A registry of all handicapped services and professionals by categorical conditions should be developed, and wider use should be made of MEDLARS and MEDLINE. (HEC I-9A)

- **DISSEMINATION OF RESEARCH RESULTS**—Some means to disseminate research results should be funded. (HEC I-9F)

How can genetic knowledge, which will lead to more accurate diagnosis and prevention of genetic conditions among the handicapped, be extended? (HEC I-11)

- **GENETIC CONSULTANTS**—Access to genetic consultants should be provided at all clinics. (HEC I-11B)

- **GENETIC RECORDS**—A genetic record should be prepared that would identify histories of relatives with potential genetic problems. (HEC I-11A)

How can we prevent the discrimination against handicapped individuals by insurance companies that require high premium rates and/or fail to insure such persons? (HEC I-12)

- **DISCRIMINATION/HIGHER RATES**—The extent of discrimination by insurance companies should be investigated and documented, and proof of added risk should be required for higher rates to be charged. (HEC I-12A)

How can we raise public consciousness of basic research needs? (HEC I-13)

- **PUBLIC CONSCIOUSNESS**—A combined mass media, public school education approach should be utilized, with the handicapped trained to act as informed educators. (HEC I-13A)

Health Concerns: Technology

What steps should be taken to facilitate the transfer of technology so that handicapped persons receive the benefits of technology as rapidly as possible? (HEC II-1)

- **INFORMATION/REFERRAL**—Establish a national clearinghouse with a computer bank of information on technology for access by consumers and professionals. Liaison systems should be utilized to disseminate information to local areas. A hotline to clearinghouses should be established. (HEC II-1A)

• **SUBSIDY FOR PRODUCTS**—Federal and state subsidies should be provided as follows: to handicapped persons for products and appliances, for development and manufacture of appliances, and to encourage production of low-volume items. Long-term financing arrangements should be available. (HEC II-1B)

• **JOURNALS**—A "Consumer Reports" type of journal for the handicapped should be established to evaluate and report on new technology, existing journals should be persuaded to report/evaluate new technology, and research results should be published in lay and professional journals. (HEC II-1E)

How can the benefits of new technology be published and disseminated to handicapped persons? (HEC II-2)

• **INFORMATION/REFERRAL SYSTEM**—Some form of national information dissemination system should be developed, through such means as national/regional clearinghouses, local centers, toll-free hotlines, consumer publications, computerized research banks, etc. (HEC II-2A)

• **RESOURCE DIRECTORY**—A resource directory "Consumer Reports" type publication should be developed to include information on technology, federal assistance, etc. (HEC II-2B)

• **MEDIA CAMPAIGNS**—Utilize mass media by such means as TV programs on new technology presented by national networks. (HEC II-2C)

How can specialized personnel now termed "clinical engineers" work with handicapped individuals to utilize technology and modern engineering? (HEC II-9)

• **TRAINING**—Clinical engineers should be trained to perform as members of the professional team dealing with problems of the handicapped. The training curriculum for clinical engineers should include health care problems of the handicapped to enable them to serve on health care teams. (HEC II-9A)

• **HANDICAPPED PARTICIPATION**—Handicapped individuals should be utilized in the development of training programs for clinical engineers. Seminars involving clinical engineers and consumers should be organized. (HEC II-9B)

• **RESEARCH REVIEW PANELS**—The handicapped should be included on research review panels and in studies. (HEC II-9C)

How can the interests of handicapped persons across the country be better served by improved communications, including telecommunications (audio-visual), in the health field? (HEC II-5)

• **TV FOR DEAF**—Statewide TV hookups should be provided for deaf persons, and TV captioning should be mandated. (HEC II-5C)

• **FILM LIBRARIES**—Establish film libraries to distribute films on the handicapped to elementary and secondary schools. (HEC II-5B)

• **MULTI-MEDIA CAMPAIGNS**—Multi-media campaigns should be conducted—translated into Spanish. Programs should be produced expressly for the handicapped, and interest groups should press for a greater voice of the handicapped in the mass media. (HEC II-5A)

How can a more efficient organization be created at the national level to bring together all efforts required for the successful intervention of technology for the handicapped? (HEC II-7)

- **CENTRAL INFORMATION**—A central, computerized information system should be developed for consumers and professionals in order to coordinate referral, research, and funding information. The Department of Health, Education, and Welfare should grant funds for the development of this system (HEC II-7A)
- **NATIONAL ADVISORY COUNCIL**—Congress should create a national advisory council for the handicapped to monitor and promote the dissemination of information. (HEC II-7B)
- **REORGANIZATION OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**—The Department of Health, Education, and Welfare should reorganize to meet the needs of the handicapped. (HEC II-7F)

How can the handicapped person be protected from charlatan technology? (HEC II-4)

- **ENFORCE STANDARDS**—Standards to ensure quality and safety should be established as follows: certification and licensure standards should be developed for personnel and products, quality standards and price controls should be established, service providers should be educated regarding new technology, and continuing education should be required as a condition of re-licensure. Government funding should be restricted to technology approved and periodically reviewed by a federal "underwriters laboratory." Third-party reimbursement should be made only to qualified professionals. Existing state programs responsible for the regulation of medical devices should be strengthened. (HEC II-4A)
- **CONSUMER AWARENESS**—Efforts should be made to educate the handicapped to become "critical consumers," including provider training to ensure consumer awareness, publication of warning pamphlets, development of mass media programs accessible to the handicapped, etc. Consumer protection agencies should become involved, and consumer protection efforts should be encouraged through information dissemination by the mass media. (HEC II-4B)
- **FIELD TESTING OF NEW PRODUCTS**—Regional research and treatment centers should be established to encourage technical development, including the field testing of new products. (HEC II-4C)

How should we address the proliferation of technology and develop a meaningful response to the problem in order to benefit the handicapped? (HEC II-3)

- **HANDICAPPED-RUN COMPANIES**—Establish competitive, handicapped-run, nonprofit manufacturing and repair companies. Handicapped individuals should participate in design and manufacture of devices. (HEC II-3B)
- **PRIORITIES**—Problems to be solved should be prioritized by technologists and handicapped groups. (HEC II-3I)

- **EVALUATION OF ADAPTIVE DEVICES**—An evaluation of adaptive devices, based on the "Consumer Reports" model, should be provided. (HEC II-3C)

How can we address the many legal and ethical questions which have arisen in our society due to applications of technology (for example, the right to privacy in data collection)? (HEC II-11)

- **INFORMATION AUTHORIZATION**—Handicapped individuals should be educated as to desirability of their authorizing information on their disabilities. (HEC II-11D)
- **GUIDELINES**—Guidelines should be developed to protect patients' anonymity and potential benefits and to protect against physicians liability. (HEC II-11C)
- **LEGAL GUARDIANSHIP**—Improve the system of legal guardianship for those persons unable to provide informed consent. (HEC II-11E)

How can we obtain better data for use in planning for technological applications? (HEC II-8)

- **1980 CENSUS**—The 1980 census should be utilized to gather data on disabilities and/or technology needs of the handicapped. (HEC II-8A)
- **STATE DATA**—Some mechanism should be developed to provide state data on health needs to the federal government. (HEC II-8D)
- **NEEDS OF HANDICAPPED**—Information on the needs of the handicapped should be gathered through organizations for the handicapped. (HEC II-8C)

How can a data bank in the field of technology be created to serve all levels of government, industry, and consumer groups? (HEC II-6)

- **INFORMATION/REFERRAL SYSTEMS**—A national computerized data bank on technology should be developed with state agency channels, connections should be established with information available at existing rehabilitation centers, and governors' committees could channel information through the federal Office for Handicapped Individuals. (HEC II-6A)
- **MEDICAL INFORMATION**—A data bank should be established for medical information, and federal and state privacy laws should be enacted to protect individuals represented in the data bank. (HEC II-6B)
- **STATISTICAL NEEDS ANALYSIS**—A statistical needs analysis be developed by the Rehabilitation Services Administration. (HEC II 6D)

How can we insure that technology does not replace human relationships? (HEC II-10)

- **VOCATIONAL REHABILITATION COUNSELORS**—Vocational rehabilitation counselors should be evaluated on the quality of service provided rather than on the number of cases processed. (HEC II-10B)
- **HUMAN RELATIONSHIPS**—Providers should be educated regarding the importance of human relationships in providing care. (HEC II-10A)

Health Concerns: Diagnosis

How can we assure that effective treatment will follow diagnosis? (HEC III-8)

- **PARENT INVOLVEMENT IN TREATMENT**—Parents should be involved in developing treatment plans. (HEC III-8D)
- **PUBLICIZE SERVICES**—More adequate communication and publicity to enable handicapped persons to know where to go for follow-up services should be provided. (HEC III-8C)
- **CLEARINGHOUSES**—Clearinghouses to disseminate information on existing resources should be established. (HEC III-8B)

What is the most effective and efficient way to insure early identification of handicapping conditions? (HEC III-3)

- **TRAINING PROFESSIONALS**—The quality and quantity of training of professionals in early identification should be improved. (HEC III-3A)
- **EARLY SCREENING**—Schools, well-baby clinics, and Early Periodic Screening, Diagnosis, and Treatment programs should sponsor screening programs for biochemical defects at birth and during childhood. (HEC III-3B)
- **REGIONAL CENTERS**—Establish or expand regional centers through state health departments or universities to provide pre- and post-natal and children's services and genetic counseling. Multidisciplinary teams would insure effective follow-up treatment locally. (HEC III-3G)

How can early diagnosis be guaranteed throughout the life of all individuals so as to minimize the risk of a physical or mental difficulty becoming compounded? (HEC III-2)

- **TRAIN PROFESSIONALS**—Physicians, public health nurses, teachers, students, and other professionals and paraprofessionals should be trained in early identification of chronic conditions. (HEC III-2A)
- **PUBLIC AWARENESS**—Establish multidisciplinary committees of consumers and professionals to set up public awareness programs on diagnosis and available diagnostic teams. (HEC III-2G)
- **MANDATORY SCREENING**—Mandatory universal screening and annual checkups should be provided. (HEC III-2B)

How can diagnostic teams be made available to all citizens for all handicapping conditions? (HEC III-1)

- **REGIONAL CENTERS—MOBILE LABS**—Regional centers should be established with outreach programs for diagnosis, referral, and treatment. Outreach programs should utilize mobile laboratories and diagnostic teams to provide services to rural areas. (HEC III-1A)
- **NATIONAL INSTITUTE**—Establish a National Institute on Handicapping Conditions (NIHC) to consist of a data bank of all available information affecting the handicapped and a consumer registry of doctors,

health care workers, available services, etc. The NIHC should operate an ombudsman program to investigate and coordinate the utilization of the various resources for individual and group situations. All government and privately funded research should be coordinated and awarded through the NIHC. (HEC III-1K)

- **TRAINING/CONTINUING EDUCATION**—Physicians should be educated in diagnosis and treatment of handicapping conditions, and continuing education should be provided for all paraprofessionals. (HEC III-1C)

How should the public and private sectors collaborate in a joint effort to help parents in knowing where to obtain professional diagnostic advice? (HEC III-7)

- **EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT**—Public/private efforts should be used for fuller implementation of Early Periodic Screening, Diagnosis, and Treatment. (HEC III-7A)

- **STATEWIDE DIAGNOSTIC SYSTEMS**—Public and private agencies (such as community agencies and school systems) should collaborate on and coordinate statewide diagnostic and evaluation systems. (HEC III-7C)

- **PARENT EDUCATION**—Federal/state subsidies should be provided to coordinate public and private efforts to inform parents about existing diagnostic centers. (HEC III-7E)

How can we better understand the need to provide diagnostic services for all types and degrees of handicaps? (HEC III-6)

- **EARLY DETECTION**—The importance of early identification and detection should be stressed. (HEC III-6A)

- **PARENT COUNSELING**—Parents should be trained about specific disabilities via individualized counseling services provided by health clinics or family physicians. (HEC III-6C)

- **COUNTY-BASED TRAINING**—Establish county-based training of community service providers in early identification and causes of disabling conditions. (HEC III-6B)

How can labeling or other categorization of the handicapped individual be avoided, even though such categories may have some administrative value for planning funding? (HEC III-4)

- **INTEGRATION**—The handicapped should be integrated in regular home, school, and work environments. (HEC III-4A)

- **EDUCATE PUBLIC**—Educate the community and providers about the needs of handicapped persons. (HEC III-4F)

- **ACCESSIBLE SCHOOLS**—Schools should be made accessible to disabled children at an early age in order to reduce the stigma of disability. (HEC III-4D)

How can a public awareness program help to develop a better understanding of the needs to provide diagnostic service? (HEC III-5)

- **PUBLIC EDUCATION BY MEDIA**—The federal government should develop multimedia programs to inform the public about various handi-

caps and to publicize the need for and benefit of early diagnostic services, with special attention to high-risk populations (HEC III-5A)

- **MYTHS**—The public should be educated regarding mental health preservation, destigmatization of mental illness, debunking of misinformation, techniques for determining potentially serious problems in oneself or a family member, and guidance to services available to prevent further deterioration (HEC III-5B)

- **TRAINING**—Increase funding for training of providers. (HEC III-5C)

Health Concerns: Prevention

What can be done to generate greater public concern for genetic counseling in the prevention of birth defects due to inherited disorders? (HEC IV-3)

- **COMPREHENSIVE HEALTH EDUCATION**—Comprehensive health education, including health, hygiene, and sex education, should be provided in both public and private schools (HEC IV-3A)

- **GENETICS EDUCATION**—Detailed education in genetic mechanisms and diseases should be provided at the junior and senior high school levels (HEC IV-3B)

- **DETECTION OF DEFECT**—Immediate services should be provided when a defect/disorder is detected (HEC IV-3K)

How can a higher priority in the allocation of national and state health resources be given to prevention? (HEC IV-1)

- **HEALTH INSURANCE COVERAGE**—Federal and state legislation should be enacted to mandate third-party insurance coverage of preventive health services. (HEC IV-1A)

- **PREVENTION COST/BENEFIT**—Data concerning the cost/benefit of preventive health care should be presented to the public and to all state and federal legislators to stimulate action (HEC IV-1B)

- **INFORM COMMUNITY LEADERS**—Seminars and/or other educational strategies should be developed by state health departments, the Center for Disease Control, or other agencies to inform community leaders of the significance of a preventive approach and those actions a community can take to help prevent health hazards. (HEC IV-1G)

What studies and pilot programs are needed to make the public aware of home and occupational safety and health, transportation, and environmental hazards, alcohol, drug abuse, and control of toxic substances, effects of faulty nutrition, carelessness in work habits, and personal behavior alterations etc. which will tend to reduce the incidence of disabilities? (HEC IV-7)

- **PUBLIC AWARENESS PROGRAMS**—Public awareness should be increased through an ongoing mass media campaign, including TV/radio documentaries and statistics on potential hazards and causes of handicaps (HEC IV-7A)

- **INFORMATION CENTER**—Establish a resource center for information on all handicapping conditions (HEC IV-7J)

- **PUBLIC SCHOOL EDUCATION PROGRAMS**—Public school education programs should be developed in response to these issues. (HEC IV-7B)

What should be done in the field of federal and state legislation so that the prevention of handicapping conditions is addressed in a comprehensive manner and adequate funding is provided? (HEC IV-6)

- **STATE/LOCAL HEALTH PLANS**—State and local health plans should be required to specifically address prevention in order to secure federal funding. (HEC IV-6H)
- **FUNDING/LONG-RANGE PLANNING**—Additional funding support should be sought and long-range planning increased for prevention activities. (HEC IV-6B)
- **PUBLIC SCHOOL PREVENTIVE HEALTH CURRICULA**—State education departments should develop preventive health curricula for secondary schools. (HEC IV-6L)

How can people become aware of the need to educate themselves on healthful life styles? (HEC IV-8)

- **PUBLIC SCHOOL EDUCATION**—Effective education at the elementary and secondary school levels should be emphasized, particularly in the areas of health instruction. Necessary curricula should be developed, and teacher manpower should be increased to meet this need. (HEC IV-8A)
- **SEX EDUCATION**—Sex education and family planning courses should be included in the high school curriculum. (HEC IV-8B)
- **ADULT EDUCATION**—Adult education programs should be developed that are geared to realistic life style experiences, and there should be special programs for persons who have experienced traumatic life changes. (HEC IV-8L)

How can more emphasis be given in the nation's medical and other professional schools to the teaching of courses on prevention along with the more traditional courses on diagnosis and treatment? (HEC IV-5)

- **PREVENTION, EARLY DIAGNOSIS, AND TREATMENT**—Greater emphasis should be placed in medical school education on prevention, early diagnosis, and treatment as primary areas of intervention. (HEC IV-5A)
- **CONTINUING EDUCATION**—Continuing education for professionals in the area of prevention should be required. (HEC IV-5C)
- **ACCREDITATION**—Groups responsible for the accreditation of professional schools should be influenced to emphasize prevention training. (HEC IV-5I)

What research efforts are needed in the field of prevention to increase our understanding of the causative influences of various hazards and their combined effects in, for example, cross-hazard impact studies such as asbestos and smoking, long-term exposure studies, specific etiologies of disabilities and disabling diseases, and preventive methodologies and strategies? (HEC IV-9)

• **STUDY ON ENVIRONMENTAL HAZARDS**—Federal funds should be provided for a university-based, collaborative research study on environmental hazards, results should be publicized by a federally-funded public awareness campaign. (HEC IV-9C)

• **NATIONAL INSTITUTE**—A National Institute for Handicapping Conditions (NIHC) should be established to coordinate research and increase funding. Health, Education and Welfare or Federal Insurance Contribution funds should be appropriated for the development, staffing, and maintenance of the NIHC. (HEC IV-9E)

• **INFANT TESTING**—Better prenatal and infant testing methods should be developed. (HEC IV-9B)

In the fields of maternal and infant care, how can we direct attention to environmental conditions and other high risk factors which can cause developmental disabilities? (HEC IV-2)

• **HEALTH PROVIDER EDUCATION**—Health providers should be educated concerning genetic counseling, nutrition, and other preventive measures. Continuing education should be encouraged. (HEC IV-2F)

• **ADULT PREVENTIVE EDUCATION**—The public school system should offer adult education courses in prevention for all citizens. Information also should be provided on available services. (HEC IV-2B)

• **PRENATAL CARE EDUCATION**—Education programs on prenatal hazards and prevention should be developed, and information should be provided on prenatal care locations. (HEC IV-2C)

How can we demonstrate the benefits of preventing accidents and diseases that cause handicapping conditions? (HEC IV-4)

• **HEALTH AND SAFETY EDUCATION**—Health and safety education, including such topics as drug abuse, accident prevention, genetic counseling, etc., should be supported. (HEC IV-4B)

• **PRESCHOOL VACCINATIONS**—All loopholes in the rules governing preschool vaccination of children should be closed, and additional funding should be provided for this effort. (HEC IV-4A)

• **PUBLIC AWARENESS**—Public awareness programs should be conducted on federal, state, and local levels with support from insurance companies, the National Advertising Council, etc. (HEC IV-4F)

How can a public awareness program help to increase our understanding of the benefits of education, emergency medical services, shock trauma facilities, and prompt evacuation of injured persons from the scene of highway accidents to insure that injuries will not become disabling to the individual? (HEC IV-10)

• **EMERGENCY/LIFESAVING SKILLS**—Public education programs should be developed to teach procedures for effective use of existing emergency systems and increase the public's skills in lifesaving techniques. (HEC IV-10A)

• **FIRST AID EDUCATION**—Provide preventive health education orientation and courses in first aid in public and private schools. (HEC IV-10E)

- **MENTAL HEALTH/DISEASE**—Public education programs should be developed to increase awareness of the nature of mental health/disease and the need in some cases for hotlines and other types of emergency intervention. (HEC IV-10B)

Health Concerns: Treatment

How do we organize programs for effective and efficient treatment? (HEC V-3)

- **TRAIN HEALTH CARE PROVIDERS**—All providers of services to the handicapped should be required to receive training in rehabilitation skills and referrals, to be sensitized to special physical and psychosocial needs of the handicapped, to assist the handicapped in transition to and from institutional care, and to be aware of the dangers of substance abuse from prolonged medication. (HEC V-3A)
- **PATIENT/FAMILY/PROVIDER TEAMS**—Health care should be provided by interdisciplinary teams in which patient and family would participate in establishing treatment goals and follow-up plans. Coordinated services and a holistic view of clients should be encouraged. Clinics should organize parents groups. (HEC V-3B)
- **REGIONAL TREATMENT CENTERS**—Multi-disciplinary, goal-oriented, comprehensive, regional treatment centers should be established. These should be developed around state medical schools. (HEC V-3E)

How can costs of treatment be reduced? (HEC V-7)

- **NATIONAL HEALTH INSURANCE**—A national health insurance plan that is prevention-oriented and designed to control costs should be established. (HEC V-7A)
- **HOME CARE**—The proportion of care services provided or available in the home should be maximized. (HEC V-7B)
- **LONG-TERM CARE PROGRAMS**—Flexibility, faster care, and independent living should be emphasized in long-term care programs. (HEC V-7L)

How can handicapped individuals afford to pay for comprehensive and quality treatment in the face of rising costs? (HEC V-6)

- **NATIONAL HEALTH INSURANCE**—The federal government should institute national health insurance for the handicapped and their families. (HEC V-6A)
- **CATASTROPHIC HEALTH INSURANCE**—The federal government should enact catastrophic health insurance as an intermediate step to national health insurance. (HEC V-6B)
- **SPECIAL NEEDS—NATIONAL HEALTH INSURANCE**—The federal government should institute compulsory national health insurance to include coverage of the special needs and extra expenses of the handicapped and the severely handicapped. (HEC V-6E)

In the field of treatment, how can we overcome the serious lag which exists between the generation of new knowledge and its general application in the field? (What immediate steps can be taken to insure that all programs are using new knowledge to benefit the handicapped?) (HEC V-1)

• **CONTINUING EDUCATION FOR HEALTH CARE PROVIDERS**—Regional learning centers should be established and all health care providers should be required to participate in continuing education, groups such as governors committees, state medical associations, and human services agencies should provide educational materials and sponsor continuing education programs (HEC V-1B)

• **TRAIN HEALTH CARE PROVIDERS**—Professional training curricula for health care providers should be expanded to include new approaches in management of physical and mental handicaps and chronic disease, to enable providers to better understand the total impact of disability upon patients and to enable providers to make more skilled training and care referrals. Training opportunities should be expanded for physical, recreation, and occupational therapists through training scholarships (HEC V-1A)

• **INFORMATION ACCESS**—Establish a centralized information system for the purpose of dissemination of information, referral, and evaluation, with state or regional clearinghouses run by and for the handicapped. (HEC V-1C)

How can handicapped persons participate actively in the development and implementation of treatment programs which affect them? (HEC V-5)

• **HANDICAPPED PARTICIPATION**—Handicapped individuals should participate in and be trained as professionals for activities impacting on the disabled planning boards, implementation and evaluation activities, boards of education, and training of professionals (HEC V-5B)

• **ACTIVE ADVOCACY**—Advocacy services to overcome client passivity should be established. Such groups could include consumer self-advocacy programs in health care institutions, organized handicapped persons lobbies at state and national levels, handicapped persons' rights/interest groups to petition legislatures, and a coalition of handicapped individuals. Generally, political activism among the disabled should be encouraged. (HEC V-5A)

• **SPECIAL EDUCATION**—Opportunities should be increased for specialized education of health manpower (HEC V-5C)

How can we integrate the components of health care in order to insure that the treatment needs of clients and patients are being met? (HEC V-9)

• **INFORMATION, REFERRAL SYSTEM**—An information/referral system should be established with a directory of public facilities and health resources for the handicapped. (HEC V-9C)

• **OMBUDSMAN**—A client advocacy, ombudsman system should be established, sponsored by a citizens advisory board, to safeguard the rights of handicapped patients. (HEC V-9A)

• **MEDICAL AND REHAB CENTERS**—Comprehensive medical and rehabilitation centers should be provided in regional areas. (HEC V-9Q)

How can we improve communications in the area of treatment among professions and among professionals, clients, and parents? Families? (HEC V-8)

• **TEAM APPROACH—PATIENT/FAMILY/PROFESSIONAL**—Families and patient should be educated concerning treatment to enable participation as team members with professionals in treatment programs. Communication should be facilitated through workshops and symposia. (HEC V-8A)

• **PATIENT RIGHTS**—Comprehensive information should be provided to patients as a right, and case records should be prepared in an understandable way. Procedures to protect patient privacy should be instituted that would allow exchange of case records between practitioners and researchers. (HEC V-8C)

• **PATIENT ADVOCATES**—Patient advocates should be provided. Rehabilitation counselors could serve as advocates, and handicapped individuals could serve as advisors/companions for other handicapped. (HEC V-8B)

How can we remove barriers (environmental, transportation, etc.) to treatment? (HEC V-11)

• **RURAL TRANSPORTATION**—The federal government should provide transportation for the handicapped in rural areas. (HEC V-11B)

• **NEEDS ASSESSMENT STUDY**—A needs assessment study by geographic areas should be conducted. (HEC V-11A)

• **INTERPRETERS**—Interpreters should be provided for the deaf in health care provided by institutions. (HEC V-11H)

How do we establish as public policy the right of physically and mentally handicapped individuals to treatment? (HEC V-10)

• **ENFORCEMENT OF CIVIL RIGHTS LEGISLATION**—Funds should be made available to develop enforcement procedures for civil rights provisions of the Rehabilitation Act of 1973. (HEC V-10F)

• **PUBLIC EDUCATION**—The public should be educated on laws regarding handicapped (HEC V-10C)

• **LEGISLATE HEALTH CARE**—Health care should be legislated as a right of the handicapped. (HEC V-10E)

How can families be helped to more effectively rear their handicapped children, especially those with sensory disabilities? (HEC V-12)

• **OUTREACH**—Home care outreach services should be provided by professional teams (HEC V-12A)

• **COMMUNITY INTERACTION**—Family communication/socialization opportunities should be supported and supplemented via community interaction (HEC V-12B)

• **HOME COMMUNICATION INTERCHANGE**—Home communication interchange for sensorily handicapped children should be enriched and supported as a necessary form of intervention (HEC V-12C)

What guidelines and standards are necessary for quality treatment? (HEC V-4)

• **EARLY DIAGNOSIS TRAINING**—Medical school training in early diagnosis should be required (HEC V-4A)

• **STANDARDS**—Multidisciplinary teams should be used to set standards. (HEC V-4E)

• **AGENCY RESPONSIBILITY**—Agency monitoring responsibility should be increased. (HEC V-4D)

How can funding be obtained for pre-service and in-service training? (HEC V-2)

• **FEDERAL TRAINING GRANTS**—Federal and private funds should be appropriated for training grants for professionals. (HEC V-2D)

• **TRAINING FOR ATTENDANTS**—Training should be supported for attendants under home care/child care aide programs (HEC V-2A)

• **NATIONWIDE CRITERIA**—Nationwide criteria should be established for assistance to all the handicapped. (HEC V-2C)

How can current available knowledge in the field of genetics be applied to a high percentage of the handicapped? (HEC V-14)

• **GENETIC CONSULTANT**—A genetic consultant should be made available for genetic diagnosis in clinics. (HEC V-14A)

How can we insure that all persons with significant handicaps are reached, identified, and provided opportunities for treatment? (HEC V-13)

• **CORRECTIONAL INSTITUTIONS**—Mentally ill and retarded persons who are incarcerated in correctional institutions should be given treatment. (HEC V-14A)

• **NEWLY BLIND**—Referral of the "newly blind" to mandated services should be expedited. (HEC V-14B)

• **CENTRAL REFERRAL BANK**—Reporting the "legally blind" to a central referral bank or registry should be mandated. (HEC V-14C)

Educational Concerns: Pre-School (0-5 Years)

In a time of competition for scarce public funds, what innovative approaches can be taken by educators to assure efficient and relatively inexpensive educational intervention for preschool handicapped children? (EDC I-2)

• **HOME INTERVENTION STRATEGISTS/EARLY INTERVENTION**—A program for the training and utilization of home intervention strategists should be developed. Such programs should be coordinated through existing public and private agencies/organizations for children 0-2. Legislation or regulations should be revised to shorten the waiting period for homebound services. (EDC I-2G)

• **MANDATING PARENT INVOLVEMENT AND SUPPORT SERVICES**—Programs serving children 0-5 should be required to build in parent involvement and support services prior to funding approval. The Education for All Handicapped Children Act of 1975 (P.L. 94-142) should provide support for parent training and involvement efforts. (EDC I-2B)

- **ASSESSMENT OF SERVICES**—Parents, educators and other service providers, and public officials should conduct service delivery assessment by using techniques such as management by objective and cost-effectiveness measures to guide community planning and policy-making. (EDC I-2A)

How can the principles of "integration" of the handicapped with non-handicapped be effectively instituted in programs of preschool educational intervention? (EDC I-3)

- **TEACHER TRAINING. PROFESSIONAL/PARAPROFESSIONAL** — States and universities should collaboratively develop teacher education and in-service materials/courses to assist in developing positive attitudes and skills about integrated situations. Parents and adult handicapped individuals should assist in this effort. States should also provide or identify funds to support hiring and training aides to assist in the classroom. (EDC I-3A)

- **SEA PLANNING FOR INDIVIDUALIZATION/INTEGRATION** — State education agencies should develop education and training plans designed to meet individual needs. Public preschool curricula should be reviewed and revisions made where necessary to facilitate integration. A range of program strategies should be established including transition services leading to gradual integration, special education programs housed in regular education facilities to facilitate social integration, personnel to provide homebound services, "reverse integration" — nonhandicapped children integrated into special education programs, and fully integrated regular programs. (EDC I-3C)

- **PARENT TRAINING/PARTICIPATION** — Schools should develop parent education programs that help parents integrate their handicapped children in schools and community activities. Further, schools should encourage parent participation in all phases of program planning and operation. (EDC I-3F)

In addition to court and federally mandated "right to education" programs, what additional activities and legislation must be initiated to provide all preschool handicapped children, from birth to five, with appropriate educational provisions? (EDC I-1)

- **P.L. 94-142**—Congress should extend P.L. 94-142 downward in age to include 0-5 children and substitute least restrictive alternative for the term "mainstreaming." Federal funding should be continued to the states to enforce, implement, monitor, and disseminate information regarding P.L. 94-142. States should be mandated/authorized to subcontract programs. Efforts should be made to improve public information and support for implementation of P.L. 94-142 by 1980. (EDC I-1B)

- **STATE LEGISLATIVE/FINANCE PROGRAMS AND SERVICES**—States should mandate public preschool education and provide incentives for private programs to integrate. They should legislate, develop, and finance a range of year-round services and programs for urban and rural handicapped children and families including diagnostic/evaluation/referral, medical, social, transportation, counseling, and home visitation services, infant stimulation, parent training, respite care, day care, and nursery schools (integrated and nonintegrated). States should set and enforce standards for program and teacher certification and ensure that adequate numbers of staff members and

consultants are available to all programs. Explanation of these mandates and services should be widely available in lay terms. (EDC I-1A)

- **NATIONAL "HIGH RISK" /HANDICAPPED REGISTER**—The federal government should establish and maintain a central register of high-risk and handicapped individuals. All physicians and all health agencies should be mandated to examine preschool children for handicapping conditions and (a) report chronically handicapped children to a "high risk" registry and (b) initiate parent counseling. (EDC I-1C)

Given that there are many adequate models for educating preschool aged children, how can the provision of services to preschool handicapped children be rapidly expanded, using these models to insure a high quality of program? (EDC I-4)

- **FEDERAL/STATE PROGRAM INCENTIVES**—Increased federal and state funds should provide programs and personnel to preschool handicapped children. Federal and state funds should also be provided to private institutions and programs as incentives to integrate programs. (EDC I-4A)

- **EARLY INTERVENTION PROGRAMS**—Federal and state support should establish programs for early intervention such as infant stimulation, parent training and counseling, and developmental centers with clinical services and, when possible, trained parents as staff. Diagnostic and placement services should involve parents in the process. (EDC I-4D)

- **REGIONAL SERVICE TEAMS/CLINICS**—State and federal governments should establish interdisciplinary teams and resource centers that could provide ongoing diagnostic, consultative, training, and public information services. Mobile child development clinics could serve rural areas. (EDC I-4E)

How can we break down the attitudinal barriers that may retard the development of responsive education for preschool handicapped children? (EDC I-7)

- **FEDERAL PUBLIC INFORMATION ROLE**—The federal government should support a variety of efforts designed to promote greater public awareness and acceptance of handicapped individuals including (1) funding television networks to do special programming, (2) encouraging school textbooks and materials publishers to more adequately and effectively represent the handicapped, and (3) encouraging professional organizations to disseminate specialized information through written materials, conferences, etc. State and local governments should support these efforts. (EDC I-7G)

- **INFORMATION COORDINATION**—The federal government with state support and participation should establish regional resource centers to coordinate information collection and dissemination efforts to assist parents and advocacy groups in being more effective through written materials, conferences, workshops, and telephone counseling and referral. States should further develop public information efforts to provide information emphasizing needs, strengths, and positive program results. Information can be disseminated through public education institutions, libraries, media sources, speakers bureaus, home and school associations, and advocacy organizations. (EDC I-7A)

- **TRAINING**—Pre- and in-service training should be available to all professional groups dealing with young handicapped children (physicians, teachers, school administrators, psychologists, social workers, etc.) to assist them to work with children and their families. Training should include coursework and internship/practical experience with members of their professions and others actually dealing with children. State education personnel should be informed at annual continuing education conferences about new developments in right to education legislation and guidelines. (EDC I-7B)

Knowing that appropriate early education intervention requires the services of a variety of personnel trained in different disciplines, how can interdisciplinary training and teamwork be encouraged and developed through institutions of higher education? (EDC I-5)

- **MANDATE INTERVENTION AND TRAINING**—Federal and state laws should mandate coordinated interdisciplinary preschool intervention programs, the formation of interdisciplinary higher education committees to develop courses for preservice and in-service training programs, and in-service training for all relevant professionals in areas including early identification/diagnostic techniques, speech/language, physical development/therapy, emotional development, etc. (EDC I-5A)

- **IMPROVE TEACHING**—State education agencies should take positive action to improve public school preschool teaching by (1) providing regular in-service training, (2) encouraging special and regular teachers to change roles periodically, (3) requiring experimental training in university preparation, (4) providing trained paraprofessional and administrative staff in adequate numbers, (5) providing consultants when needed, (6) encouraging cooperative arrangements between local education agencies and teacher training institutions for field placement and in-service training, and (7) developing parent/teacher/provider committees to coordinate services. (EDC I-5B)

- **RESEARCH/DEVELOPMENT SUPPORT TRAINING**—Federal funds should support research efforts to develop effective multidisciplinary training models and methods. The U.S. Bureau of Education for the Handicapped should award and continue incentive grants to universities engaging in interdisciplinary training for work with preschool handicapped children. A consortium board composed of representatives of different disciplines should design the curriculum. (EDC I-5D)

How can current research results be disseminated to those working directly with preschool aged handicapped children and their parents? (EDC I-6)

- **CENTRAL CLEARINGHOUSES**—Federal and state agencies should establish clearinghouses at federal, state, and regional levels to disseminate research findings to all interested persons involved with preschool handicapped children. Dissemination outlets should include library loans, newsletters, and conferences. (EDC I-6A)

- **CONTINUING EDUCATION**—Mandatory continuing education for early childhood program staff at federal, state, and local levels should include seminars on current research results. (EDC I-6B)

- **STATE CLEARINGHOUSES**—States should take the lead in making an aggressive thrust in public information including newsletters, TV, university training, advocacy conferences, workshops, etc. (EDC I-6C)

How can families cope most effectively with a young severely handicapped child, in a cost-beneficial way? (EDC I-8)

- **HOME-BASED EARLY INTERVENTION**—Early intervention services should be provided directly in the home by a primary therapist, backed up by an interdisciplinary team. These services should be provided to the family as well as the child, must help families cope with the stresses of poverty, must be culturally relevant, and must include assertive outreach. (EDC I-8A)

Educational Concerns: School Age (5-21 Years)

How can current research results be disseminated to those working directly with educating handicapped children, parents, teachers, etc., and what long range plans are necessary to assure that research efforts are matched with known needs? (EDC II-7)

- **FEDERAL FUNDING**—A portion of federal grants for research relating to the handicapped should be designated for publishing significant results and dissemination to state education agencies and other state organizations that would be directly affected. (ERC II-7B)
- **MANDATED RESEARCH DISSEMINATION**—State education agencies should mandate and be responsible for in-service workshops in local education agencies and universities to disseminate research findings to parents, parent groups, advisory committees, and adult handicapped and to demonstrate utilization of research findings. (EDC II-7A)
- **NATIONAL CLEARINGHOUSE**—Establish a national computerized clearinghouse to collect all research data, laws, and information on services pertaining to the handicapped and to disseminate findings to those who have direct contact with the handicapped. (EDC II-7C)

How can we equip local school districts, teachers, and other professionals with not only the money but the skills and training necessary to comprehensively educate the severely and/or multiply handicapped school aged child? (EDC II-4)

- **IN-SERVICE TRAINING**—State education agencies and universities should work jointly to assess state training needs, develop model curricula, and initiate more intensive and extensive in-service and pre-service training programs utilizing a wide range of state, federal, and local resources. In-service efforts would include the following: seminars in the education of severely and multiply handicapped children, mandatory in-service programs on a regular basis for all teachers and other personnel to give them knowledge of and sensitivity to the severely and multiply handicapped child, in-service programs for administrators in the area of special education geared to emphasize the development of parents, volunteers, and aides, training programs for volunteers to assist with severely and mentally handicapped children in the schools, interstate agreements to allow students to go outside their states for specialized training when necessary, and demonstration sites where personnel may become certified without necessarily obtaining college credit. (EDC II-4A)

• **PRE-SERVICE TRAINING**—State education agencies and universities should work jointly to assess state training needs, develop model curricula, and initiate more intensive and extensive in-service and pre-service training programs utilizing a wide range of state, federal, and local resources. Pre-service efforts should include the following: establishment of more extensive and intensive teacher training programs, design of college training programs to include courses in education of the handicapped for all student teachers, expansion of college and university curricula to include more material on severely and multiply handicapped children as well as programs in special education and administration, and requirement of field experience with handicapped children for all teacher training candidates (EDC II-4C)

• **FEDERAL MONEY**—Federal grants, including Bureau of Education for the Handicapped dollars, should be designated for training, cooperative service delivery arrangements, model demonstration programs, equipment, and additional development (EDC II-4E)

In a time of competition for scarce public funds, what innovative approaches can be taken by education administrators to assure maximum utilization of all available dollars? (EDC II-2)

• **COMMUNITY COOPERATION AND PLANNING**—Community agencies and institutions should form cooperative and consortium arrangements to expedite delivery of services and to avoid duplications. Such arrangements might include development of an inventory of services available, cooperative programming among schools, libraries, park departments, recreational agencies, etc., utilization of some facilities and personnel for handicapped activities during hours of general non-use, provision of highly specialized services to public schools under contractual arrangement, and utilization of regional programs (EDC II-2A)

• **AGENCY COOPERATION**—In order to assure efficient utilization of funds, to establish accountability of services, to avoid duplication, and to maximize resources, legislatures should require coordination and cooperation among agencies. The State education agency might coordinate such efforts, or a state council might be established for such purposes (EDC II-2B)

• **IMPLEMENTATION/ENFORCEMENT OF LEGISLATION** — Stronger enforcement and implementation of federal and state laws are required, providing funds only when effectively used and withholding funds that are not being utilized properly. States should have the power to cut off funds, and adequate staff to evaluate local programs and inform the public of sources and availability of funds (EDC II-2C)

How can the principles of integration of the handicapped (the 'most facilitative environment') be translated into appropriate programs for educating handicapped children in the elementary and secondary schools? (EDC II-3)

• **IN-SERVICE AND PRE-SERVICE TRAINING**—In order to facilitate the integration of handicapped children into the regular classroom, a massive effort should be launched to give basic and continual training and opportunities to all teachers and support staff who will be involved with handicapped children. This should include workshops, conferences, in-service training programs, university coursework, etc. Such

efforts include training special educators to support and be resource personnel to the regular classroom teacher, regular education teachers to understand, accept, and teach handicapped children, administrators to be aware of practices and trends in special education administration, laws, rights, etc., elementary counselors to work with all children to facilitate integration, physical educators to modify physical education curricula for the handicapped, and volunteers and parents to serve as aides and substitutes. (EDC II-3A)

- **ENFORCEMENT OF P.L. 94-142**—There must be continued federal funding for commitment to coordination of, and enforcement of the Education for All Handicapped Children Act of 1975 (P.L. 94-142), as well as a tightening of legislation, regulation, and efforts by the state education agencies to enforce the integration aspects of the law. (EDC II-3G)

- **INCREASED SUPPORT SERVICES**—Increased federal, state, and local aid is needed to provide for equipment, special aids, and other educational support systems necessary for the integration of handicapped students, for example readers for the blind, interpreters for the deaf, physical and occupational therapists, job placement specialists, guidance and counseling services, and transportation services. (EDC II-3B)

How can we break down the attitudinal barriers which may retard the development of educational programs for handicapped children? (EDC II-8)

- **PUBLIC AWARENESS**—State and local education agencies should develop systematic processes to inform the public about coping aspects of special education, emphasizing parents' rights. Public information materials should be produced for newspapers, radio stations, TV media, speaker bureaus, and consultants. The state education agency should provide all local school boards with information regarding legislation relevant to the handicapped, stress skills and abilities of the handicapped, and make audiovisual materials available through libraries, community groups, PTA meetings, churches, etc. (EDC II-8A)

- **FCC AFFIRMATIVE ACTION**—The Federal Communications Commission (FCC) should encourage free public service announcements to develop understanding of the handicapped, eliminate stereotypes and misinformation, and suggest positive action by private citizens. There should be more programming on awareness, and handicapped roles should be included in TV programs. (EDC II-8H)

- **HANDICAPPED VISIBILITY**—The handicapped should be visible in the community to help the general public better understand the additional needs of the handicapped and activities required by the handicapped. (EDC II-8E)

How can the school provide the handicapped child with the job-related and self help skills necessary to alleviate a potential problem of later underemployment or unemployment? (EDC II-5)

- **VOCATIONAL TRAINING PROGRAMS FOR THE HANDICAPPED**—All schools, institutions, and programs for the handicapped must provide adequate prevocational and vocational training to insure maximum

development of students/residents. This can be accomplished by: (a) hiring adequately trained staff to provide such services, (b) introducing prevocational and vocational skills—including career awareness, responsibility, independence, self-discipline, habits and attitudes of the 'world of work, on-the-job training, and job sampling—into curricula for handicapped children, (c) establishing career education programs, work-study centers, and occupational facilities which include handicapped children from ages 5-21, (d) making available job counseling, placement, and exposure to different jobs for handicapped students, (e) developing intensive vocational training programs of at least 3 years in which the student receives increased on-the-job training during the third year, educational credits, continual technological upgrading, and health maintenance services, and (f) developing curricula which provide options for handicapped students to obtain increased vocational training opportunities. (EDC II-5A)

- **INCLUSION OF HANDICAPPED IN AVAILABLE SERVICES/PROGRAMS**—Vocational/technical schools and vocational rehabilitation and training programs should be modified to encourage and allow participation by the handicapped. This might be facilitated by (a) making all existing and future career/vocational facilities accessible to the handicapped, (b) providing additional support services, including consultants when necessary, to facilitate and increase services to the handicapped, (c) changing negative attitudes toward handicapped individuals in federal, state, and local agencies, (d) working toward attitudinal changes as a first step toward adoption and adaptation of training programs for the handicapped, (e) training all vocational counselors to work with the handicapped and to coordinate with vocational rehabilitation agencies, (f) expanding traditional workshops (arts and crafts, home economics, industrial arts) to incorporate training for the handicapped, and (g) lowering eligibility age for vocational rehabilitation services. (EDC II-5C)

- **IMPLEMENT EXISTING LEGISLATION**—Enforce all existing legislation to provide for needs and expand entrance requirements for vocational training, expand legislation to afford opportunity for vocational and technical training to all students who desire it, regardless of handicapping condition, utilize more effectively the 10% earmark of vocational education funds for special education, and implement individually developed educational plans for work, as mandated in the Education for All Handicapped Children Act of 1975 (P.L. 94-142) (EDC II-5I)

How can interdisciplinary services for the comprehensive education of handicapped children in school be encouraged and coordinated? (EDC II-6)

- **UNIVERSITY TEACHER TRAINING**—University teacher training programs should require the taking of coursework on exceptionalities by all helping profession majors, develop federally funded university centers to provide consistent interaction between universities and practicing professionals, expose students to handicapping conditions and handicapped persons by establishing field-based experience and practitioner opportunities, and develop interdisciplinary diagnostic centers (EDC II-6C)

- **INTERDISCIPLINARY TEAMS**—Interdisciplinary teams involved in diagnosis and evaluation should be involved with teachers in development of individual programming. (EDC II-6B)

- **SERVICES COORDINATION**—All agencies serving handicapped children should assist educational agencies in provision of services. A coordinating committee, local or state, with representatives from the various service agencies, should be formed to study needs of the handicapped population and recommend ways of assisting in the provision and coordination of services (EDC II-6E)

In addition to court and federally mandated right to education programs, what steps must be taken to implement the right to education in state and local settings? (EDC II-1)

- **FUNDING FEDERAL, STATE, LOCAL**—Federal, state, and local governments should appropriate full funding of programs for the handicapped and fully implement P.L. 94-142, and for financially limited jurisdictions, provide immediate relief funding and funds for on-going model programs, provide a system of funding that pays all costs for the handicapped that exceed the average per pupil cost for a district, match federal funds on a pre-established basis to help insure compliance, put special education funds "out-front" without relying on local education agencies to raise initial reimbursable funds, and provide funds to hire a sufficient number of teachers for handicapped children (EDC II-1A)

- **ADVOCACY GROUPS**—State offices with toll-free numbers should be established to serve as advocates or ombudsmen for the handicapped. The staff would be responsible for raising public awareness, assuring accountability of services, insuring equal educational opportunities, helping to resolve problems, etc. States should encourage and then work with regional and local advocacy groups of parents and professionals who would insure that services are being provided locally, coordinate information services, and represent parents. Federal legislation should direct that states provide child advocates for handicapped children. Advocate and advisory groups must have representation from the handicapped population (EDC II-1C)

- **STATE PUBLIC AWARENESS PROGRAMS**—States should be required to initiate and conduct statewide media campaigns to inform the general public of laws, rights, and services for handicapped children, gaps in compliance, etc. This can be accomplished through (a) state education agency workshops in regions of the state informing the public on provisions of P.L. 94-142 (b) development of a central information source (e.g., telephone hotline) regarding all services to the handicapped, and (c) utilization of speakers, writers, and all media resources to educate the public about programs necessary to fulfill needs of the handicapped. (EDC II-1B)

Educational Concerns: Post School (21 Years Plus)

How can research answer the needs of the postschool-aged handicapped adult, and how can these research results be made known to those educators who need them? (EDC III-6)

- **CONSUMER INPUT**—Governmental agencies and institutions of higher education must seek input to research programs on a continuing basis from handicapped persons and their families (EDC III-6G)
- **PARENTING EDUCATION**—Governmental agencies and institutions of higher education should institute research programs that address

themselves to educating parents of the postschool handicapped in the ways their adult offspring can be helped to become more independent and autonomous. (EDC III-6I)

- **TAX CREDITS FOR INDUSTRY**—The federal and state governments should encourage industry to engage in research relating to the training and employment of handicapped postschool adults by use of tax credits. (EDC III-6J)

What legislation or other resources are needed to provide educational services to handicapped individuals of postschool age? (EDC III-1)

- **COMMUNITY COLLEGE INCENTIVE GRANTS**—States should provide incentive grants to community colleges that set up programs directed toward job training and maximizing personal achievement for handicapped individuals. (EDC III-1Q)

- **NATIONAL CENTER OR COMMISSION**—The federal government should enact legislation establishing a national center or commission on continuing education for the handicapped that will deal with the needs of the handicapped and that will be empowered to initiate and fund programs. (EDC III-1C)

- **SHELTERED WORKSHOPS**—The federal government should establish federally funded and state-controlled sheltered workshops in sufficient numbers to serve all handicapped persons in need of such services and employment. (EDC III-1F)

How can we break down the attitudinal barriers that may retard the development of responsive educational programs for handicapped adults? (EDC III-7)

- **HANDICAPPED EDUCATIONAL PLANNING**—Educational agencies should include handicapped individuals in educational planning and policy-making groups. (EDC III-7C)

- **IDENTIFY AND ESTABLISH JOBS**—Vocational placement personnel should search for and establish positions for the handicapped within the "mainstream" of the world of work (EDC III-7D)

- **PUBLIC AWARENESS**—Public and private agencies should conduct public awareness campaigns supported by tax deductible contributions and/or by public funds. The campaigns could take the form of "Handicapped Days," on which handicapped persons would fill all major state positions. These campaigns might also feature workshops and forums to encourage productive dialogue between employers and handicapped employees. (EDC III-7A)

How can we provide the ongoing educational experiences (continuing education) necessary to assist handicapped adults to achieve self-fulfillment and maximum personal attainment throughout their lives? (EDC III-5)

- **SPECIALIZED ASSISTANCE**—Education agencies should insure that all continuing education programs offer necessary specialized assistance and support services to handicapped participants enrolled in the programs. (EDC III-5C)

- **REMOVE UPPER AGE LIMIT**—The state divisions of vocational rehabilitation and the state divisions of special education should change

their policies and regulations so that they can serve handicapped individuals over 21 years of age (EDC III-5B)

- **PUBLIC EDUCATION LEGISLATION**—The federal government should enact legislation mandating public education including speech therapy services, for all handicapped persons from birth to death (EDC III-5A)

How can principles of integration of handicapped with nonhandicapped individuals be translated into the most facilitative educational program for adults? (EDC III-3)

- **SUPPORT SERVICES**—Educational agencies should improve the support services available in postsecondary facilities and provide funds directly to the consumer to retain readers, interpreters, etc (EDC III-3A)

- **ONGOING REMEDIAL PROGRAMS**—Educational agencies should create remedial programs for adults who need help with reading, writing, and independent living skills (EDC III-3C)

- **ACCESSIBILITY**—State and local governments should ensure that all educational facilities are accessible to the handicapped (EDC III-3B)

How can we provide, through education, the postsecondary handicapped adult with the job-related and self-help skills necessary to alleviate problems of under-employment and unemployment? (EDC III-4)

- **JOB INTERNSHIP PROGRAMS**—States and localities should develop job training/internship programs through such facilities as schools, universities, and developmental centers. The programs should last at least three years and have adequate follow-up services after job placement (EDC III-4A)

- **STATE AGENCIES COORDINATION**—State agencies should work together to develop joint plans and services (including regional vocational schools and sheltered workshops) for the provision of relevant education for postsecondary handicapped adults. (EDC III-4B)

- **ADVOCACY AGENCIES**—States should establish advocacy agencies to train vocational advocates who will be placed in employment locations to prevent discrimination against handicapped employees. The advocates will also provide employers with information about vocational educational programs and show them how to meet the needs of handicapped employees (EDC III-4F)

In a time of competition for scarce public funds, how can existing dollars and facilities be more efficiently utilized to provide education for handicapped adults? (EDC III-2)

- **BUSINESS INCENTIVES**—Federal law should mandate private business training of handicapped individuals with federal financial incentives to business over a limited period. (EDC III-2A)

- **TOTAL SUPPORT**—The federal government should provide funds through basic educational opportunity grants, divisions of vocational rehabilitation, or other agencies to underwrite all costs involved in a handicapped person's postsecondary education, including tuition, transportation, housing, medical care, attendant services, etc. (EDC III-2B)

- **PROGRAM COORDINATIONS**—States should coordinate programs offered through public employment services and through all other government agencies for the education of handicapped people. (EDC III-2C)

Social Concerns: Attitudes of the General Public Toward Handicapped Individuals

How can the types of social contact between handicapped and non-handicapped individuals which promote greater social acceptance of each by the other be identified and encouraged? (SOC I-1)

- **HANDICAPPED PERSONS SPEAKING OUT**—Handicapped persons, together with advocacy groups, should assume more responsibility for intermixing on a social level, eliminating unnecessary dependence on able-bodied persons, and speaking out on issues (perhaps by forming a speakers bureau). (SOC I-1D)
- **MAINSTREAMING**—Federal, state, local, and private organizations, schools, and agencies should mainstream handicapped children and youth (as encouraged in P.L. 94-142 and Section 504 of P.L. 93-112) in programs and activities such as day care centers, recreation, 4-H, Girl/Boy Scouts, etc. (SOC I-1A)
- **STATE/LOCAL COMMITTEES**—The governors' and mayors' committees should use the findings of state-level White House conferences to establish local committees to deal with problems of handicapped persons and should use "extroverted" handicapped individuals to promote positive social interaction. (SOC I-1E)

How can the mass media promote positive attitudes toward handicapped persons? (SOC I-2)

- **"NORMAL" DEPICTION OF HANDICAPPED**—The media should depict handicapped persons as "normal" and should include them in TV shows as members of families, in situation comedies, and on talk shows discussing topics other than their handicaps. (SOC I-2C)
- **PUBLIC EDUCATION PROGRAMS**—Media cooperation should be encouraged in conducting public education programs that portray handicapped persons positively and realistically, using disabled persons as actors. There should be documentaries that are positive and life-like and depict discrimination faced by handicapped persons in various situations. (SOC I-2A)
- **FCC REGULATIONS**—The Federal Communications Commission should develop and implement appropriate policies and regulations to present handicapped persons realistically and positively and should place handicapped persons in influential positions within the FCC in order to establish and enforce these new policies and regulations. (SOC I-2B)

Since attitude formation occurs at an early age, how can positive attitudes toward handicapped persons be encouraged in both handicapped and nonhandicapped children who are very young? (SOC I-4)

• **MAINSTREAMING**—Handicapped children should be mainstreamed with nonhandicapped children as early as possible in day care centers, schools, and recreational activities (SOC I-4A)

• **CURRICULUM**—A curriculum requirement should be created in elementary and secondary schools using handicapped people as resources to teach students about disabling conditions, problems of adjustment to physical and mental disabilities, and social acceptance of handicapped individuals (SOC I-4B)

• **TECHNICAL ASSISTANCE/MAINSTREAMING**—A federal program of technical assistance should be established to assist states with special services needed to effectively mainstream severely handicapped children in public schools (SOC I-4T)

Given that certain persons are opinion leaders, how can their leadership be encouraged to promote positive attitudes toward handicapped individuals? (SOC I-3)

• **COMPREHENSIVE EDUCATION FOR KEY PROFESSIONALS**—A comprehensive course regarding handicapping conditions should be part of the certification of all educators, counselors, physicians, and social workers and should include (1) psychological and medical aspects of various disabilities, (2) family education—how to deal with various disabling conditions and how to develop independence in disabled persons, (3) sex education, and (4) the relationship of various disabling conditions to work capabilities. (SOC I-3A)

• **ANNUAL STATE CONFERENCES**—Governors' committees should convene annual conferences of handicapped individuals to discuss their needs and problems (SOC I-3Q)

• **GREATER VISIBILITY**—Federal, state, and local agencies should appoint qualified handicapped persons to high public office and should encourage leaders in business, education, labor, and government to visibly commit themselves to increasing the role of the handicapped (SOC I-3D)

What are the research questions which need to be answered to improve attitudes toward handicapped individuals and how should the research be funded? (SOC I-5)

• **TEACHER TRAINING**—Studies should be instituted to explore the most effective methods of training teachers to become effective change agents in the classroom so that positive and accepting attitudes toward handicapped persons can be fostered (SOC I-5E)

• **MEDIA REPRESENTATION OF HANDICAPPED PERSONS**—Studies should be instituted to explore the frequency and manner in which handicapped persons are represented in the media and to recommend mechanisms by which handicapped persons can be presented more positively and realistically (SOC I-5C)

• **ATTITUDES OF CHILDREN**—HEW should fund education departments in colleges and universities to conduct studies regarding the attitudes of children toward individuals with handicaps, to establish the time and manner in which such attitudes form, to identify the most significant influencing agents, and to determine mechanisms that can create more positive and realistic attitudes (SOC I-5F)

How can education, professional training, and service-delivery systems be modified or developed to provide effective, viable solutions to the sex and sexuality problems and attitudes faced by disabled persons? (SOC I-6)

- **INFORMATION DISSEMINATION**—Information should be disseminated on the sexuality of handicapped persons by requiring education of professionals (physicians, counselors) regarding sexuality of handicapped individuals, developing community information centers where handicapped persons can get information on sex and sexuality, and requiring the staff of community-based agencies dealing with sexual matters (contraception, family planning centers) to have knowledge of the needs of handicapped persons (SOC I-6A)

Social Concerns: Psychological Adjustment of Handicapped Individuals and Their Families

How can handicapped individuals and their families be encouraged to help other handicapped persons and their families with adjustment problems? (SOC II-6)

- **TRAINING HANDICAPPED AS PARAPROFESSIONALS**—Federal, state, local, and private resources should develop, establish, and support a corps of trained paraprofessional handicapped individuals to facilitate mutual support and assistance. Special consideration should be given to training hearing-impaired individuals to work with other hearing-impaired persons (SOC II-6C)

- **INFORMATION EXCHANGE, REFERRAL**—State, regional, and local governments should appoint handicapped and non-handicapped coordinators to monitor programs and volunteer resources, and to offer referral information to assist in organizing and publicizing support groups, developing training, and initiating community awareness programs (SOC II-6A)

- **OUTREACH PROGRAMS**—State and local mental health, rehabilitation, health, and other agencies should develop outreach programs to encourage self-help and mutual assistance (SOC II-6B)

What additions or modifications in professional training programs will lead to improved quality and availability of psychological services for handicapped persons? (SOC II-4)

- **PRE-PROFESSIONAL TRAINING**—Education institutions for training human services providers should include practical experience and course work in disabilities and psychological support techniques, sexual and emotional needs and capacities, special communication needs, and community resources (SOC II-4A)

- **TRAINING HANDICAPPED COUNSELORS**—Professional training institutions should recruit and train more handicapped persons as counselors and rehabilitation service providers (SOC II-4E)

- **IN-SERVICE TRAINING**—Public and private resources should insure that in-service training programs relating to the needs of the disabled and their families are provided for all relevant personnel including teachers, health and mental health providers, and regulatory agency staffs. (SOC II-4B)

What actions should be taken to avoid any dehumanizing aspects of institutionalization? (SOC II-2)

- **COMMUNITY ALTERNATIVES**—Federal, state, local, and private efforts are needed to develop barrier-free community alternatives that maximize individual independence and expand opportunities for handicapped people to reside in least restrictive environments. Only after other alternatives are fully explored should a person be institutionalized. (SOC II-2A)

- **STAFF TRAINING**—Federal, state, and local funds should support in-service and continuing education programs (especially sign language) for employees of institutions to promote empathy and positive behavior and attitudes. (SOC II-2B)

- **FAMILY ROLE**—Public funds should support efforts to enhance the role of the family in the life of institutionalized persons by placing handicapped persons in facilities as close as possible to their families, by providing housing and/or transportation for family visits to the institution and resident visits away from the institution, and by providing family training in the care of handicapped relatives. (SOC II-2D)

What is necessary for handicapped and non-handicapped individuals to perceive disabled persons as sexual beings? (SOC II-7)

- **SEX EDUCATION/INFORMATION/COUNSELING** — Sex education, information, and counseling should be available for handicapped individuals of all ages and their families through public and private schools, hospitals, and vocational rehabilitation and other agencies (SOC II-7A)

- **PUBLIC AWARENESS/EDUCATION**—Public awareness and education efforts that portray handicapped individuals in a variety of roles and social situations, by the media and in books and texts, should be encouraged by public and private actions and funds. (SOC II-7C)

- **TRAINING PROGRAMS**—State and local training programs and workshops dealing with specific and general information about the sexuality of the handicapped should be available for consumers and their families. Service providers should receive specific pre- and in-service training relating to specific handicapping conditions and problems of sexual habilitation. (SOC II-7D)

What psychological and social services are necessary to effect adequate transitions of handicapped individuals from an institution to a community? (SOC II-3)

- **TRANSITIONAL PROGRAMS**—Federal, state, local, and private resources should be used to develop transitional programs including the following components: staff attitude training, sensitizing the general public, increasing normalization of institutions, shortening and/or preventing institutionalization, establishing architecturally accessible community living alternatives, and providing supportive services with counseling through peers and professionals to handicapped individuals and their families. Information, referral, and outreach services should be available throughout the states. (SOC II-3A)

- **COMMUNITY AWARENESS/SENSITIZATION** — Public and private efforts should be made to encourage media sources, authors, and publishing companies to realistically portray handicapped people in

various roles and settings in order to aid public awareness and sensitization. Special efforts should be made to reach community sectors that directly impact handicapped individuals (SOC II-3B)

- **FOLLOW-UP COORDINATORS**—Federal and state funds should support "follow-up" coordinator positions in service agencies. Coordinators would supply services both before and after release from the institution to insure continuity of services and provide support (SOC II-3F)

What are the most important research needs in the area of psychological adjustment of disabled individuals and their families? (SOC II-8)

- **NEEDS/ADJUSTMENT/SELF-IMAGE**—Federal, state, and local research efforts should focus on in-depth assessment and analysis of needs, psychosocial adjustment, family dynamics, and self-realization of handicapped individuals and their families (SOC II-8A)

- **ADJUSTMENT TO RELOCATION**—Research should be supported to determine the adjustment problems associated with relocation of severely disabled individuals. Such research should be used to find ways to minimize the risk of trauma and deterioration of adaptive skills that can accompany movement from home to alternative living arrangement, from institution to community, or from one community living arrangement to another (SOC II-8I)

- **TRAINING MATERIALS**—Federal, state, and local funds should support the development of simple, practical materials describing constructive programs, therapy, and survival techniques for dissemination to service providers and consumers (SOC II-8B)

How can adequate counseling and other psychological services best be made available on a continuing basis to handicapped persons and their families? (SOC II-1)

- **COMPREHENSIVE/COORDINATED SERVICES SYSTEMS**—A system of comprehensive, coordinated, continuous psychological, counseling, and other support services should be available in all states and territories with federal, state, local, and private financing to handicapped individuals and their families. Such services should include peer, group, individual, and family counseling, home, residential, and respite care, a services coordinator, a toll-free information number, crisis services, follow-up, and centralized resource referral, and other services located in community settings such as schools, hospitals, vocational rehabilitation centers, religious institutions, and mental health and social service agencies. (SOC II-1A)

- **TRAINING PROFESSIONALS/PARAPROFESSIONALS** — Public and private resources and efforts should combine to establish a coordinated system of pre-professional in-service training and continuing education for professionals and paraprofessionals to increase their skill, knowledge, and sensitivity to problems and strengths of handicapped individuals and their families. Special attention should be given to increasing the number of counselors available to work with disability groups such as the hearing, sight, and language impaired (SOC II-1B)

- **EXTEND LEGISLATION**—Congress should extend the Education for All Handicapped Children Act of 1975 (P.L. 94-142) to cover the delivery of psychological and counseling services. Congress and HEW should

extend and expand vocational rehabilitation legislation to make services available in all states and territories and to encourage a focus on individual needs other than vocational needs. For counseling purposes, the present 12-month vocational rehabilitation case closing should be lengthened to 24 months. (SOC II-1C)

How can personnel from all fields (medicine, social work, etc.) be trained to be sensitive to the psychological as well as the physical needs of handicapped persons? (SOC II-5)

- **PROFESSIONAL/PARAPROFESSIONAL TRAINING**—Federal, state, local, and private financing should support and promote pre-professional, in-service, and continuing education programs for students and members of all helping professions. The content of these training efforts should give attention to attitudinal awareness, sensitivity, interpersonal relations, and communications. (SOC II-5A)

- **HANDICAPPED ROLES**—Training institutions and service delivery agencies should hire handicapped individuals for roles in curriculum planning, instruction, service delivery, and advocacy. (SOC II-5B)

- **FAMILY-CENTERED MODEL. TRAINING/SERVICE**—Service-providing professions should be organized on family-centered models that meet the needs of the total family. There should be education of professionals in family dynamics, advocacy for family needs, direct counseling and therapy, and supportive services. (SOC II-5N)

Social Concerns: Recreation

How can decision-makers be influenced at the federal, state, and local level to give priority to the funding of recreational programs that integrally include handicapped individuals? (SOC III-3)

- **HANDICAPPED LOBBY**—National and state handicapped lobbies composed of professionals and handicapped people should be established to determine budget priorities for recreation programs and to formulate guidelines to insure recreational opportunities for the disabled. (SOC III-3C)

- **EDUCATE OFFICIALS**—Government officials and bureaucrats should be educated to the recreational needs of handicapped persons by inviting the President, Members of Congress, and other governmental officials to participate in recreational activities which have been adapted for use by persons with disabilities and by maintaining communications with governing representatives when legislation is pending and throughout the year. (SOC III-3A)

- **INCREASE AWARENESS**—Public awareness of the need for recreational opportunities for handicapped persons should be increased through workshops and demonstration projects, informational and educational programs, use of TV to show handicapped individuals engaging in normal recreational activities, publicity for successful programs (such as the Theater of the Deaf), and local newsletters. (SOC III-3B)

How can the variety of recreational activities for handicapped persons be expanded to include more participation in risk-taking recreational activities such as skin and scuba diving, canoeing, water and snow skiing, back-packing, and cave exploring? (SOC III-7)

• **PROGRAM AVAILABILITY**—Local and private facilities should offer high-risk activities on an individual basis. These activities could be led by handicapped persons who are proficient in them (SOC III-7A)

• **FEDERAL, STATE, AND LOCAL PARKS**—Federal, state, and local parks and recreational facilities should be made accessible by means of graphic signs, braille, auditory aids, barrier-free parking, designated trails, frequent rest areas, in-service programs for tour guides, and skilled personnel to instruct the handicapped in recreational skills needed for participation in programs offered (SOC III-7K)

• **SAFETY STANDARDS**—Safety standards should be developed to preclude the exclusion of handicapped individuals' participation in recreational activities. Disabled individuals should be included in task forces involved with the development of safety standards (SOC III-7F)

What recreational programs or services must be established or modified to provide full recreational opportunities for handicapped individuals? (SOC III-2)

• **FUNDING FOR RECREATION**—Federal and state funding should be used to encourage local recreation departments and private and commercial recreation providers to expand programs or recreation services for handicapped persons, to adapt existing facilities, to build new facilities, and to ensure accessibility of all (indoor and outdoor) recreation facilities (SOC III-2D)

• **PROGRAM MODIFICATION**—All existing recreational programs and facilities should be modified to insure that the needs of handicapped persons are met. Modifications should include mobile recreation units that go to rural areas, programs offered at times insuring maximum participation, adequate staff, and minimal cost (SOC III-2A)

• **RECREATION FUNDING**—All public recreation departments should be required to budget an adequate percentage of money to provide recreation activities in which disabled individuals may participate. (SOC III-2K)

How should feasibility studies of developing or adapting recreational facilities for handicapped individuals be encouraged and their results disseminated? (SOC III-4)

• **GRANTS**—State/federal grants should be provided to finance recreational projects concerned with serving the handicapped (SOC III-4D)

• **DIRECTORY**—State and federal grants should be sought to compile and disseminate an accurate list of accessible vacationing areas, health spas, parks, gyms, libraries, and cultural centers (SOC III-4A)

• **FUNDS/SMALLER COMMUNITIES**—State funds should be provided for a state-wide recreation coordinator, preferably a handicapped person, to assist the smaller communities in designing programs and facilities for the disabled. (SOC III-4G)

How can career opportunities in the field of recreation be made more available to handicapped persons? (SOC III-5)

• **RECRUITMENT AND TRAINING**—Recruitment and training of handicapped persons as recreation personnel should be accelerated through funding and cooperation with universities, rehabilitation services, park departments, state governments and school systems. (SOC III-5A)

• **ENFORCE EQUAL EMPLOYMENT OPPORTUNITY**—Equal opportunity laws and Section 502 of the Rehabilitation Act of 1973 should be enforced, and tougher laws concerning discrimination against handicapped persons in employment should be enacted. (SOC III-5E)

• **HANDICAPPED EMPLOYMENT**—The federal government should appoint appropriately trained handicapped persons to provide leadership and direct services in the area of recreation. (SOC III-5C)

How can individualized recreation opportunities be developed for people who have many different types of disabilities? (SOC III-8)

• **MODIFY FACILITIES**—Existing facilities should be modified to accommodate the needs of various disabilities. (SOC III-8A)

• **HANDICAPPED EVALUATION**—Handicapped persons should be utilized to evaluate and continue to assess the effectiveness of recreation programs for handicapped individuals. (SOC III-8F)

• **PUBLIC AWARENESS**—Public awareness of the recreational needs of handicapped persons should be increased. (SOC III-8E)

What are the needs of handicapped individuals that should be considered in the design of recreational services? (SOC III-1)

• **PROGRAM INTEGRATION**—In keeping with the concept of "normalization" every effort should be made to integrate handicapped persons into existing recreational programs for able-bodied persons. However, when disabilities preclude participation in programs with the able-bodied programs should be adapted or specialized to meet individual needs. (SOC III-1F)

• **ENSURE ACCESSIBILITY**—All public recreation facilities (including open spaces) should be designated/modified to assure accessibility by providing architectural, geographic, and transportation guidelines for planners. (SOC III-1A)

• **ENFORCE ACCESSIBILITY LAWS**—The federal government should establish procedures for the enforcement of existing laws concerning "barrier free" design of all buildings and further should impose penalties for non-compliance, provide education, information programs about the laws, and clarify the wording of these laws. (SOC III-1C)

How can the recruitment and training of personnel to work in the area of recreation for handicapped individuals be accelerated? (SOC III-6)

• **THERAPEUTIC RECREATION EDUCATION**—University therapeutic recreation and special education programs should be expanded to meet state continuing education requirements for elementary and secondary physical education instructors and in-service training opportunities should be increased at the local level. (SOC III-6A)

• **SCHOLARSHIPS**—Federal and state governments should award special scholarships to train handicapped and able-bodied recreational therapists. (SOC III-6E)

• **FINANCIAL INCENTIVE**—Federally supported financial incentives, including federally supplemented salaries, should be provided for specialists willing to include a major in recreation for the handicapped in their professional training. (SOC III-6B)

Social Concerns: Participation in Cultural Activities

How can education in the arts be made more available to handicapped persons? (SOC IV-3)

- **EDUCATOR AWARENESS**—Educational agencies should be cognizant of the needs of the handicapped and should require educators at all levels to be instructed about these needs. (SOC IV-3C)
- **LEGISLATION**—Federal, state, and local levels should fund pilot programs and award grants/scholarships to handicapped individuals pursuing the arts. (SOC IV-3B)
- **EXPANDED FEDERAL LAWS**—All federal laws affecting early childhood, elementary, secondary, and higher education should include specific provisions for arts activities in the education of handicapped students and for model arts education demonstration projects. (SOC IV-3E)

What actions can be taken to provide career opportunities in the arts for handicapped persons? (SOC IV-5)

- **AVAILABILITY OF CAREER INFORMATION**—The National Endowment for the Arts, the President's Committee on Employment of the Handicapped, high schools, colleges, and vocational education centers should develop informational materials, recruiting programs, and training courses designed to make handicapped individuals more aware of existing career opportunities in the arts (SOC IV-5G)
- **VOCATIONAL REHABILITATION IN THE ARTS**—Federal, state, and local vocational rehabilitation should provide funds for training of the handicapped and instructors in the arts, with a pre-testing program incorporated as part of this process. (SOC IV-5B)
- **ARTISTS MEET WITH HANDICAPPED**—Artists and handicapped individuals should meet at local and private levels. (SOC IV-5A)

What actions are necessary to assure that cultural facilities are physically accessible to handicapped individuals? (SOC IV-2)

- **PUBLIC AWARENESS PROGRAMS**—Federal, state, local, and private agencies and organizations should establish public awareness programs to promote making cultural facilities accessible to the handicapped. (SOC IV-2E)
- **BUILDING CODES**—State and local building codes (including fire codes) should be initiated or modified to allow accessibility in cultural facilities, including accessibility for persons in wheelchairs. (SOC IV-2G)
- **FUNDING**—Funds should be legislated at all levels to insure the accessibility of cultural facilities, and legal measures should be implemented to insure compliance. (SOC IV-2A)

How can art, music, and dance therapy be made more available to disabled individuals? (SOC IV-4)

- **FEDERAL REHABILITATION LAWS**—All federal laws affecting the rehabilitation of handicapped children, youth, and adults should include specific provisions for arts therapy activities with rehabilitation programs and for model arts therapy demonstration programs. (SOC IV-4G)

• **EDUCATOR AWARENESS**—State, local, and private schools should require all therapists and teachers to be instructed as to specific needs of the handicapped, utilizing methods such as drama and role-playing. (SOC IV-4C)

• **THEATRE GROUPS**—State, local, and private schools should establish mobile theatre groups composed of handicapped individuals and non-handicapped individuals. (SOC IV-4A)

How can decision-makers be influenced at the federal, state, and local level to give priority to the funding of cultural programs and activities for handicapped individuals? (SOC IV-6)

• **HANDICAPPED WORK WITH ARTS COUNCILS**—Handicapped individuals should work with the National Endowment for the Arts, Commission on the Arts, and Federal Council on the Arts and Humanities to implement a public service campaign as well as to influence legislators. (SOC IV-6A)

• **HANDICAPPED JOIN POLITICALLY COERCIVE GROUPS**—Handicapped individuals should join national, state, and local groups, such as the League of Women Voters, that have political impact and can make their needs known. (SOC IV-6C)

• **AWARENESS**—Federal, state, and local level awareness campaigns should be initiated and should include letters/petitions to legislators and a registry of all handicapped constituents. (SOC IV-6B)

How can more opportunities for creating and participating in the arts be provided to handicapped individuals? (SOC IV-1)

• **EXPAND VOCATIONAL REHABILITATION**—Divisions of Vocational Rehabilitation and their resources should be expanded to include art and cultural rehabilitation for those who cannot be included in the everyday work force. (SOC IV-1F)

• **INFORMATION "HOTLINE"**—Establish state and local "hotlines" for information regarding cultural programs, transportation, etc. (SOC IV-1C)

• **HANDICAPPED PLACEMENT PROGRAMS**—Handicapped individuals should participate, through cultural organizations and advisory committees, in the planning, implementation, and evaluation of cultural programs. (SOC IV-1G)

How can we increase cultural opportunities for handicapped individuals confined to their homes, nursing homes, or special centers? (SOC IV-7)

• **INTERPRETING/CAPTIONING FOR THE DEAF**—The national Public Broadcasting System should have more cultural plays, and movies with interpreters or subtitles for the deaf. (SOC IV-7A)

• **TALKING BOOK PROGRAM**—The Talking Book Program should be upgraded so that more classics as well as recent best-sellers are available to the visually impaired. (SOC IV-7B)

• **ARTISTS CLEARINGHOUSE**—A central clearinghouse should be established that maintains lists of entertainers, artists, and others willing to donate their services at institutions and centers where handicapped persons are confined. (SOC IV-7C)

Social Concerns: Architectural Accessibility

What actions can be taken to encourage accessible housing for handicapped persons? (SOC V-7)

- **RESIDENTIAL ACCESSIBILITY STANDARDS IN BUILDING CODES**—Legislation is required to insure that standards requiring accessibility in residential structures, including rental housing and mobile homes, are incorporated in local and state building codes. Certificates of occupancy should be contingent upon conformance with these codes. (SOC V-7A)

- **ADAPTABLE HOUSING**—Rather than construct a percentage of housing units with accessible features, the Department of Housing and Urban Development should see that HUD-funded housing is adaptable so that it can be quickly and inexpensively modified to make it accessible when the need arises. (SOC V-7L)

- **FEDERAL MONETARY INCENTIVES**—The federal government should provide loans, grants, and tax incentives for construction of accessible housing and modification of existing housing to make it accessible (SOC V-7B)

What can handicapped individuals do to increase architectural accessibility? (SOC V-3)

- **ENFORCEMENT**—Handicapped individuals should become involved in the enforcement and implementation of architectural accessibility laws and codes by serving on compliance boards (SOC V-3A)

- **POLITICAL ACTION**—Handicapped citizens should take necessary political action to further architectural accessibility, including lobbying for needed legislation, forming leagues of handicapped voters, and pressuring state and local officials to mandate accessible structures. (SOC V-3C)

- **ADVOCACY/COALITION GROUPS**—Disabled persons should form or strengthen advocacy or coalition groups to pressure planners, architects, contractors, and others to ensure architectural accessibility. (SOC V-3B)

How can architects, planners, legislators and other decision-makers be encouraged to aggressively pursue problems of inaccessibility? (SOC V-5)

- **DESIGN PROFESSION COURSES AND CERTIFICATION**—Schools of design (e.g., schools of architecture) should require intensive courses on designing for accessibility, and all certification examinations required for the licensing of design professionals should include test questions on accessibility. (SOC V-5A)

- **EDUCATE DESIGNERS, BUILDERS, AND OTHER DECISION-MAKERS**—Continuing education courses for design professionals (e.g., architects) and special instruction for contractors, business owners, legislators, and other decision-makers should be provided to ensure familiarity with design needs of handicapped persons, legal requirements, and standards for building accessibility (SOC V-5B)

• **ACCESSIBILITY HANDBOOK**—Federal, state, and local governments should compile and widely disseminate handbooks containing architectural accessibility laws, regulations, codes, standards, and general information on accessibility. Handbooks should be distributed to design professionals (e.g., architects), building community professionals (e.g., contractors), and government officials (e.g., building inspectors) (SOC V-5C)

What additional legislation is needed at federal, state, and local levels to increase architectural accessibility? (SOC V-1)

• **MORE SPECIFIC ACCESSIBILITY LEGISLATION**—At the federal, state, and local levels, additional legislation is needed to strengthen existing architectural barriers laws by making them more specific regarding accessibility criteria and by providing strict enforcement procedures, including more severe penalties and fines for non-compliance (SOC V-1B)

• **UNIFORM ACCESSIBILITY SPECIFICATIONS**—Architectural accessibility specifications and criteria should be uniform nationwide, whether in building codes or standards (SOC V-1C)

• **STATE AND LOCAL BUILDING CODES**—Each state should enact statewide building codes for accessibility, and communities should amend local building codes and ordinances to mandate architectural accessibility. (SOC V-1A)

What cost incentives can be used to encourage removal of architectural barriers or construction of barrier-free buildings and facilities? (SOC V-4)

• **FEDERAL TAX INCENTIVES**—The federal government should provide tax incentives for new barrier-free construction and the Internal Revenue Service should make the public aware of the 1976 tax reform amendments, which permit a tax deduction for business owners who remove barriers to property used in a trade or business (\$25,000 maximum deduction per taxpayer in any taxable year) (SOC V-4B)

• **FEDERAL GRANTS**—The federal government should provide grants for modifying existing or constructing new accessible buildings and facilities. (SOC V-4A)

• **PROPERTY ASSESSMENTS**—Property taxes for private businesses should not be increased when modifications are made to improve accessibility, even though these improvements increase the value of the property. (SOC V-4C)

How can misuse of the international symbol of access be prevented? (SOC V-3)

• **AN AUTHORITY TO CERTIFY**—An established authority should have responsibility within each state for certifying correct use of the international symbol according to criteria clearly understood by individual building owners and managers. This authority should have an enforcement mechanism to control the display of the symbol. (SOC V-6A)

• **UNIFORM NATIONAL CRITERIA**—There should be uniform nationwide criteria for correct use of the international symbol, such as the accessibility guidelines of the American National Standards Institute (the ANSI standard). (SOC V-6B)

- **PUBLIC AWARENESS CAMPAIGN**—A massive publicity campaign should be waged to inform the general public regarding the correct use and meaning of the symbol of access. (SOC V-6D)

What precautions should be included in design criteria to assure that life safety considerations for handicapped individuals are taken into account? (SOC V-II)

- **COORDINATE DESIGN AND LIFE SAFETY CRITERIA**—Design criteria for handicapped individuals should be coordinated with life safety criteria so that the safety of handicapped consumers will be assured in cases of emergency, through such provisions as fireproof refuge areas in buildings, fire and smokeproof elevators to be used for emergency evacuation, and flashing alarm systems for deaf individuals. (SOC V-11A)
- **STANDARDS FOR MODIFICATION OF OLDER BUILDINGS**—Additional standards need to be developed for modifying older buildings and for seeking realistic and safe standards for such products as wheelchair lifts and stair-climbing lifts in older buildings, where more flexibility in code requirements may be reasonable (SOC V-11B)
- **STANDARD FOR EMERGENCY SITUATIONS**—The National Fire Protection Association should develop a standard for the safe use of buildings to protect handicapped persons in emergency situations (SOC V-11D)

What additional or amended criteria are necessary to make accessibility standards and codes more accommodating? (SOC V-10)

- **ACCESSIBILITY FOR THE SENSORILY IMPAIRED**—In developing accessibility standards, increased attention should be given to persons with sensory impairments. For example all elevators should have raised characters on control panels, teletypewriting equipment should be placed in all tax-supported buildings, and clear and appropriate signs should be located in all publicly used facilities. (SOC V-10A)
- **VOTING PLACES**—Voting places should be required to be accessible. (SOC V-10C)
- **CROSSWALKS**—All crosswalks at intersections should have ramps or curb cuts, with textured surfaces to alert blind persons and increase slip resistance. (SOC V-10B)

What can be done to more effectively implement and enforce existing architectural accessibility requirements (laws, standards, codes, etc.)? (SOC V-2)

- **IMPROVED ENFORCEMENT PROCEDURES AND PERSONNEL**—At all levels of government, more adequate enforcement procedures and more and better trained inspection personnel are needed to assure strict compliance with architectural accessibility laws. There should be surveys to assess the extent of compliance in urban and rural areas and an adequate legal staff to carry out enforcement responsibilities. (SOC V-2B)
- **STATE COMPLIANCE BOARDS**—Each state should establish a state accessibility compliance board or enforcement agency with adequate

funding and disabled consumer participation for the purpose of approving or disapproving all plans for public-use buildings, enforcing existing architectural accessibility laws, disseminating information, granting waivers and investigating citizen complaints of violations. (SOC V-2A)

- **MORE EFFECTIVE FEDERAL COMPLIANCE BOARD**—At the federal level, there should be a more effective Architectural and Transportation Barriers Compliance Board (ATBCB). There should be consumer members on the board, funding and staff to do surveys and field inspections and review plans, and a well publicized complaint procedure to handle charges of non-compliance. (SOC V-2C)

What can be done to inform and educate the general public as well as decision-makers regarding accessibility? (SOC V-9)

- **PUBLIC AWARENESS PROGRAMS**—Public awareness programs should be conducted at the national and state levels to convince the general public to accept accessible architecture as a normal architectural style rather than as specialized style for handicapped individuals. (SOC V-9A)

- **NATIONAL, STATE, AND LOCAL CLEARINGHOUSES**—A national clearinghouse should be established to collect and disseminate information on barrier-free design. The President's Committee on Employment of the Handicapped could assume this function at the national level, the Governors' Committees on Employment of the Handicapped could serve as statewide clearinghouses, and Mayors' Committees on Employment of the Handicapped could form information centers at the local level. (SOC V-9C)

- **STATES TO INFORM, EDUCATE, AND ADVOCATE**—Each state should be responsible for providing information on accessible public buildings and facilities, educating the general public, design professionals, the building community, and media about accessibility, and acting as an advocate for handicapped persons to encourage barrier-free design. (SEC V-9D)

How can the mass media positively influence the construction or modification of buildings or facilities that are architecturally accessible? (SOC V-8)

- **ACCURATE PORTRAYAL OF DISABLED PERSONS**—The nation's mass media should portray handicapped persons in normal situations, whether in commercials, printed ads, or television programs, so that disabled persons can gain acceptance by the general public and thereby make the public more sensitive to their needs. (SOC V-8G)

- **UTILIZATION OF MEDIA**—Disabled consumers and advocates should better utilize the media on a continuing basis to make the public aware of accessibility needs by arranging for media coverage of noteworthy events, encouraging feature stories, promoting educational and commercial TV presentations, and writing letters to editors. (SOC V-8A)

- **NATIONWIDE INFORMATION CAMPAIGN**—An intensive nationwide public information campaign on architectural accessibility should be conducted with funding provided by the federal government and with assistance in gaining television time provided by the Federal Communications Commission. (SOC V-8D)

Social Concerns: Transportation Accessibility

How can discrimination in licensing of disabled drivers be eliminated and appropriate driver training be provided? (SOC VI-5)

- **LICENSING PROCEDURES**—Motor vehicle departments should develop fair and effective procedures for licensing disabled drivers. Such procedures should be developed in consultation with handicapped consumers and major service provider organizations and should include development of appropriate driver ability tests, an option for oral rather than written driver tests, a provision for an administrative hearing for any handicapped person denied a license, guarantees that driving tests can be taken in the personal vehicle owned by the disabled individual, and prohibition of any requirement to provide an annual physician's statement to retain license (SOC VI-5A)
- **PROHIBIT LICENSING DISCRIMINATION**—Federal and state legislation should prohibit discrimination in licensing disabled drivers. (SOC VI-5C)
- **PUBLIC AND PRIVATE DRIVER TRAINING**—Public driver training courses and private driver training schools should offer appropriate training for disabled drivers (SOC VI-5D)

How can total accessibility to publicly used transportation vehicles, terminals, and services be effected for all handicapped individuals? (SOC VI-1)

- **ACCESSIBLE VEHICLES**—All vehicles used to serve the public (e.g., inter- and intra-city buses, taxis, subway cars, planes, trains, trolleys, and ferry boats) should be accessible to all handicapped individuals. (SOC VI-1A)
- **EQUIVALENT SERVICE**—All segments of any transportation system that includes more than one mode of transit (e.g., buses and a subway) should be accessible to the extent necessary to ensure the same adequacy of service for handicapped individuals as for non-disabled persons. This includes paratransit (door-to-door) services, which are a necessary adjunct to a fully integrated accessible transit system. (SOC VI-1E)
- **ACCESSIBLE TERMINALS**—All transportation terminals and related facilities (e.g., bus stops) should be fully accessible to all disabled persons. (SOC VI-1B)

What additional federal legislation (other than for the Urban Mass Transportation Administration) is needed to assure barrier-free transportation for persons with handicapping conditions? (SOC VI-10)

- **FEDERAL COMPLIANCE BOARD**—The scope of the federal Architectural and Transportation Barriers Compliance Board (ATBCB) should be broadened and include (1) increased authority relative to all federal agencies involved in transportation programs for disabled individuals, (2) development and enforcement of national transportation accessibility and usability standards for all mass transit vehicles, (3) establishment of local and state units of the ATBCB to promote compliance efforts and (4) broadened membership on the board to include disabled consumers. To accomplish these actions, more adequate funding must be provided for ATBCB operations. (SOC VI-10C)

• **STRENGTHEN TRANSPORTATION LEGISLATION**—The legislation for all federal agencies administering programs affecting transportation services for handicapped persons should be amended to require accessibility for vehicles and terminals, impose fines and other penalties for non-compliance, and define "handicapped," "accessibility," and "usability." (SOC VI-10B)

• **AIR TRAVEL ACCESSIBILITY**—Legislation should direct the Federal Aviation Administration and the Civil Aeronautics Board to assure the right of disabled persons to unrestricted plane travel. There should be no restrictions on transporting disabled consumers' equipment or aids, such as motorized wheelchair batteries. (SOC VI-10A)

How can the parking and pedestrian problems of handicapped persons be alleviated? (SOC VI-15)

• **ENFORCEMENT OF RESERVED PARKING**—Legislation is needed to establish or strengthen enforcement procedures for reserved parking. Enforcement actions could include punishing violators by means of fines and other penalties, posting all reserved parking regulations, and establishing a hot-line in each state or community to be used to phone in the license numbers of those illegally using disabled persons' parking spaces. (SOC VI-15C)

• **RESERVED PARKING ORDINANCES**—There should be ordinances in each community stipulating that some reserved parking must be provided at all publicly used facilities. These special parking spaces must conform to accepted standard measurements, be uniformly designated, and be convenient to ramps and entrances. (SOC VI-15B)

• **UNIFORM VEHICLE DESIGNATION**—There should be a uniform disabled driver designation for license plates or permits to enable handicapped persons to use reserved parking. (SOC VI-15A)

What actions should be taken by handicapped consumers to promote transportation accessibility? (SOC VI-17)

• **PLANNING AND POLICY SETTING**—Handicapped individuals must become involved in planning and other decision-making relative to transportation by serving on policy or review boards of transit authorities, administrative agencies, etc. (SOC VI-17A)

• **DESIGN AND TESTING OF ACCESSIBLE VEHICLES**—Disabled persons must become involved in design and testing of accessible vehicles, including serving as national design consultants for the development of accessible buses. (SOC VI-17B)

• **LAWSUITS**—Disabled individuals or organizations of disabled persons should initiate lawsuits to force accessibility in transportation systems. (SOC VI-17C)

• **Under the authority of existing laws, what actions should be taken by federal agencies other than the Urban Mass Transportation Administration to assure accessible transportation?** (SOC VI-11)

• **REGULATIONS FOR EQUITABLE TREATMENT**—All federal agencies that administer any programs relating to transportation services for disabled citizens must develop regulations requiring non-discriminatory treatment of handicapped individuals. These regulations should address not only the need for barrier-free design but also the need for attendant services. (SOC VI-11B)

• **ENFORCEMENT**—The transportation accessibility provisions in existing legislation and regulations for all federal agencies, including all Department of Transportation agencies, should be strictly enforced. (SOC VI-11C)

• **PRESIDENTIAL EXECUTIVE ORDER**—The President should issue an executive order stating that federal funds will not be provided for inaccessible transportation systems and programs. (SOC VI-11F)

As a supplement to public transit, how can paratransit (door-to-door service) be improved for disabled persons? (SOC VI-7)

• **PROVIDE DOOR-TO-DOOR TRANSIT SERVICE**—Paratransit (door-to-door service such as dial-a-ride) should be utilized as feeder service to public transportation or as a stop-gap measure until completely accessible public transit becomes available. It should also be provided for persons who are so severely disabled they cannot use public transit systems even if such systems are accessible. (SOC VI-7A)

• **INTEGRATE PARATRANSIT WITH PUBLIC TRANSIT**—Paratransit operations should be an integral part of each public transit system, with funding contingent upon the systems demonstrating that paratransit services are a supplement to public transit and not a substitute for inaccessible public transportation. (SOC VI-7D)

• **PARATRANSIT IN UNSERVED AREAS**—Public funding and public agency coordination are necessary to provide paratransit programs for those areas where public transit is unavailable. (SOC VI-7C)

What actions should be taken to influence insurance companies to equitably insure disabled drivers and transit operators who transport disabled persons? (SOC VI-4)

• **EQUAL RATES FOR PERSONAL VEHICLE INSURANCE**—Federal and state legislation and regulations should mandate that the insurance rates for handicapped drivers be based on driving records and that handicapped drivers not be automatically assigned to high-risk categories. Effective procedures should be established to strictly enforce this mandate, and penalties should be set for non-compliance. (SOC VI-4A)

• **STUDIES OF DISABLED DRIVERS RECORDS**—Federal and state governments should extensively study and widely disseminate statistics on disabled persons' accident rates in order to promote more equitable insurance coverage. (SOC VI-4B)

• **PROHIBIT HIGHER TRANSIT COMPANY PREMIUMS**—Federal, state, and local legislation is needed to prohibit insurance companies from charging higher premiums for transit operators who transport handicapped persons. (SOC VI-4K)

What training, education, and information should be provided to improve transportation programs and services for disabled individuals? (SOC VI-18)

• **TRAIN TRANSPORTATION PERSONNEL**—Develop instructional guidelines for and train public transit and paratransit personnel regarding the abilities and needs of, and appropriate assistance for, riders who are disabled. Public funding should be provided to stimulate such

training, and there should be proficiency examinations for personnel. Handicapped consumers should be involved in the development of instructional materials and in the provision of training (SOC VI-18A)

- **TRANSPORTATION INFORMATION IN TERMINALS**—Transportation terminals for the public should include clear signs for information and directions, teletypewriting equipment for communication of schedule and other information, braille information on schedules, and audio and visual scheduling information and announcements. (SOC VI-18C)

- **CENTRALIZED INFORMATION SERVICES**—A central facility should disseminate information to transit operators, disabled individuals, and other interested persons. This information center should contain data on new accessible equipment and public and private systems that are accessible, as well as demographic data on handicapped persons. (SOC VI-18E)

At the federal, state, and local levels, what coordination or consolidation is necessary to assure accessible transportation programs and services? (SOC VI-13)

- **STATEWIDE COORDINATION OF TRANSPORTATION PROGRAMS**—Establish statewide coordination or consolidation of transportation services and programs for disabled and elderly persons including coordination or consolidation of federal, state, and local funds. As part of these efforts, a statewide toll-free number should be provided for disabled individuals who want information on available transportation services (SOC VI-13A)

- **MAXIMUM VEHICLE UTILIZATION**—All public agencies, including rehabilitation agencies, education agencies, and public transit authorities, should coordinate the use of their transit vehicles to increase transportation services for disabled individuals. This would enable, for example, use of school vehicles when children are not being transported and use of some city buses during non-rush hours (SOC VI-13B)

- **ELIMINATE CONSOLIDATION RESTRICTIONS**—In federal and state legislation and regulations eliminate prohibitions against consolidation of funds and programs for transportation services to handicapped individuals (SOC VI-13F)

Using the authority of existing laws, what actions should be taken by the Urban Mass Transportation Administration (UMTA) to meet the transit needs of all disabled consumers? (SOC VI-9)

- **NO FUNDS FOR INACCESSIBLE VEHICLES**—UMTA should amend its regulations so that funds are not provided for purchase of mass transit vehicles that are inaccessible (SOC VI-9A)

- **ENFORCEMENT**—UMTA must strictly enforce compliance with the transportation accessibility provisions of existing legislation and regulations (SOC VI-9C)

- **DESIGN RESEARCH/TRANSBUS**—UMTA should continue to support research regarding design of accessible mass transit vehicles, including the Transbus project. Such research should lead to the development of specifications and standards, to be issued by UMTA, for modification of old transit vehicles to make them accessible and for design of new, totally accessible vehicles (SOC VI-9B)

At state and local levels of government, what can be done to more effectively implement existing laws and what new legislation is needed to meet the transportation needs of handicapped individuals? (SOC VI-12)

- **STRENGTHEN STATE AND LOCAL LEGISLATION**—The legislation establishing all state and local agencies that administer programs affecting transportation services for handicapped persons should be amended to strengthen existing provisions or add new provisions regarding transportation accessibility, to establish fines and other penalties for failure to meet accessibility requirements, and to provide specific definitions for transportation purposes of the words "handicapped," "accessibility," and "sability" (SOC VI-12C)

- **CONSUMERS ON POLICY OR REVIEW BOARDS**—Disabled individuals should compose a significant percentage of the membership of state and local policy and review boards concerned with transit services for handicapped persons. (SOC VI-12A)

- **ACCESSIBILITY ENFORCEMENT**—State and local transportation compliance boards or other compliance mechanisms should be established to enable state and local governments to actively enforce transportation accessibility laws and regulations. (SOC VI-12D)

What cost incentives can be used to encourage fully accessible public transportation and paratransit for handicapped persons? (SOC VI-2)

- **FEDERAL FUNDING**—Increased federal funding must be provided for the purchase and operation of accessible public and private transit vehicles. (SOC VI-2A)

- **STATE AND LOCAL FUNDING**—State and local governments should assume more responsibility for funding the purchase and operation of accessible vehicles operated by public and private transit operators. (SOC VI-2B)

- **TAX INCENTIVES**—Provide federal and state tax incentives to private companies offering accessible transportation services to handicapped individuals (e.g., reduce gas, oil, and sales taxes and provide tax credits for capital and operating expenditures). Private companies should utilize existing provisions of the federal Tax Reform Act of 1976 to obtain tax relief for barrier removal in any vehicle or transportation facility (\$25,000 maximum deduction per taxpayer in any taxable year). (SOC VI-2C)

How can the Urban Mass Transportation (UMT) Act of 1964 be further amended to assure accessible public transportation? (SOC VI-8)

- **COMPREHENSIVE CHANGES IN UMT LEGISLATION**—Federal legislation, similar to that proposed but not passed in the last session of Congress, should be enacted to comprehensively amend existing urban mass transportation legislation. This new legislation should include requirements for (1) accessibility of all federally funded new public transit vehicles (the Secretary of Transportation should not waive this requirement unless all other elements required by the legislation are implemented and an affordable alternative system is provided), (2) local planning and advisory committees composed of at least 50% handicapped persons, (3) public hearings on proposed services for disabled individuals, (4) comprehensive local plans and implementation

schedules to meet the needs of disabled persons, and (5) establishment of a National Advisory Council on Accessibility of Mass Transportation. (SOC VI-8B)

- **ACCESS AND EQUIVALENT TRANSPORTATION, A CIVIL RIGHT—**Amend Section 16 of the UMT Act to read, "It is hereby declared to be a civil right of elderly and handicapped persons to utilize the same transportation facilities and services as other persons, that special efforts shall be made . . . so that the availability to elderly and handicapped persons of equivalent mass transportation . . . will be assured." (SOC VI-8E)

- **FEDERAL FUNDING CONTINGENT ON ACCESSIBILITY—**The UMT Act should be amended to specifically mandate that federal funding for the purchase of mass transit vehicles be contingent upon those vehicles' being accessible to disabled persons. (SOC VI-8A)

How can public and private transportation be made available to disabled persons at a reasonable cost? (SOC VI-14)

- **PUBLIC FUNDING—**Federal and state governments should fund part of transportation costs for disabled persons. (SOC VI-14A)

- **TAX INCENTIVE FOR EXTRA COSTS—**There should be a tax deduction to compensate disabled persons for their extra transportation expenses, including personal vehicle operating costs, special transit fares, escort services, etc. (SOC VI-14C)

- **NO ADDITIONAL CHARGES—**Prohibit all public carriers from charging any additional fee for transporting a handicapped individual or his or her mobility aids or attendant. (SOC VI-14F)

How can the purchase of specially equipped personal vehicle for handicapped individuals be made more affordable? (SOC VI-6)

- **TAX DEDUCTION—**Federal, state, and local governments should allow tax deductions for the purchase or modification of a personal vehicle so it is specially equipped. (SOC VI-6B)

- **LOANS—**Federal and state governments should guarantee long-term, low- or no-interest loans for the purchase of specially equipped personal vehicles by disabled persons. (SOC VI-6D)

- **FEDERAL FINANCIAL ASSISTANCE—**The federal government should pay all or part of the cost of purchasing a specially equipped personal vehicle or modifying a personal vehicle. (SOC VI-6A)

What actions should be taken to assure the design, manufacture, and sale of accessible public transit, paratransit, and personal vehicles (SOC VI-16)

- **FUND DESIGN OF ACCESSIBLE VEHICLES—**Public funds should be provided to companies to promote the design of accessible vehicles (mass transit, paratransit, and personal vehicles) and equipment necessary to adapt vehicles for accessibility. (SOC VI-16A)

- **TAX INCENTIVES FOR DESIGN AND MANUFACTURE—**Provide federal and state tax incentives to companies designing and manufacturing accessible vehicles (public transit, paratransit, and personal vehicles). (SOC VI-16B)

- **FEDERAL STANDARDS FOR AUTO SIZE**—The federal government should set standards so that each auto manufacturer produces a model large enough to accommodate wheelchairs. (SOC VI-16J)

Social Concerns: Communication Techniques, Systems, and Devices

Given the role of mass media in effecting attitudes, what should the communications industry do to promote accurate images of the abilities and problems of handicapped individuals? (SOC VII-1)

- **PUBLIC SERVICE ANNOUNCEMENTS**—The communications industry should develop a consistent program of public service announcements designed to provide the general public with facts about different handicapping conditions. (SOC VII-1A)
- **HIRING HANDICAPPED**—The communications industry should actively promote the hiring of handicapped individuals for visible positions in the media (e.g., reporters, newscasters, moderators, actors, actresses, and principals in commercials). (SOC VII-1B)
- **DISABLED PERSONS AS TV PROGRAM CHARACTERS**—The television networks should cast disabled persons as characters in major regular television programs. (SOC VII-1G)

What research is needed to solve the communication problems of handicapped persons, and how should it be funded? (SOC VII-10)

- **NIH RESEARCH ON COMMUNICATIONS DEVICES**—The National Institutes of Health should fund research to develop an array of communication devices to benefit communicatively impaired individuals. (SOC VII-10H)
- **TV EMERGENCY NOTIFICATION**—Federal and state governments should fund research programs to develop adequate emergency notification systems for the hearing impaired via television. (SOC VII-10D)
- **CONSUMER REVIEW PANEL FOR RESEARCH PROPOSALS**—Funding agencies should have research proposals related to the handicapped evaluated by a consumer review panel to determine the potential usefulness of the research results to the handicapped community. (SOC VII-10E)

How can the costs of purchasing and using communication devices and systems for disabled persons best be met? (SOC VII-4)

- **TELETYPEWRITER (TTY) RATE STRUCTURES**—The federal government should authorize the adjustment of telephone company rate structures to provide special reduced rates for registered deaf teletypewriter users on long distance calls. (SOC VII-4A)
- **PROVISION OF STANDARD DEVICES BY GOVERNMENTS**—Federal and state governments should fund the provision of standard devices (i.e., teletypewriters, optacons, closed circuit TV, and other communication systems) to all handicapped individuals who need them. (SOC VII-4B)
- **FEDERALLY SUBSIDIZED RESEARCH**—The federal government should increase federal research and development programs aimed at

technological advances to benefit handicapped persons by serving their needs in the area of communication devices. (SOC VII-4C)

What actions are needed to insure that all public buildings and facilities will provide appropriate communication devices and systems, including life-saving warning systems, which are specifically appropriate to the communication modes of all handicapped persons? (SOC VII-7)

- **INTERPRETERS BUREAUS**—State and local agencies should establish interpreters bureaus to be used by hospitals, courts, police departments, and other municipal agencies to meet the emergency needs of persons with communication handicaps. (SOC VII-7C)

- **COMMUNICATIONS IN PUBLIC BUILDINGS**—Federal and state governments should require that all public buildings install appropriate communication devices and systems including life-saving warning systems for the handicapped. (SOC VII-7A)

- **TELECOMMUNICATION CENTERS IN PUBLIC BUILDINGS**—For the benefit of the hearing impaired, federal, state, and local governments should establish telecommunication centers, including teletypewriter installations, in all large area hospitals, health agencies, police and fire departments, transportation terminals, ambulance services, banks, nursing homes, and major companies. (SOC VII-7D)

What training, standards, and cost factors should be established to fully meet the need for communication "facilitators" (readers for blind persons, interpreters for deaf individuals, etc.)? (SOC VII-9)

- **SUBSIDY FOR INTERPRETERS**—The federal, state, or local government should wholly or partially subsidize the cost of all interpreting services for the hearing impaired. (SOC VII-9A)

- **REGISTRY OF INTERPRETERS FOR DEAF**—States and localities should establish central bureaus or registries of interpreters to serve as clearinghouses for obtaining the services of qualified interpreters. (SOC VII-9C)

- **INTERPRETER TRAINING**—Funding should be sought to increase the number of training programs for communication facilitators including interpreters for the deaf. (SOC VII-9B)

How should current mass communication systems be adapted to meet all the communication needs (including the need for emergency warnings) of handicapped persons? (SOC VII-2)

- **LINE 21 CAPTIONED TELEVISION**—The Federal Communications Commission should require the television networks to implement a system of closed captioning of all programs through the Line 21 adapted converter mechanism, as proposed by the Public Broadcasting System in petition RM 2612. (SOC VII-2A)

- **TELEPHONE ACCESSIBILITY**—Federal and state governments should enact legislation to insure the accessibility of public telephones to all handicapped individuals. (SOC VII-2D)

- **TAX CREDITS FOR COMMUNICATION DEVICES**—Federal and state governments should provide tax credits to handicapped individuals and incentives for commercial and public television programming to allow disabled persons to benefit from the media. Captioned TV and

captioning decoders constitute one system that could profit from such tax credits. (SOC VII-2I)

How can transportation systems be adapted to meet the communication needs of handicapped individuals? (SOC VII-8)

• **TRAVEL AGENCIES**—Travel agencies and staffs should be informed of the special needs handicapped individuals have when traveling. (SOC VII-8G)

• **ARRIVAL/DEPARTURE ANNOUNCEMENTS**—Municipalities should institute both visual and auditory announcement systems in public transportation terminals. Visual material should consist of simply worded statements that are large and easy to read. (SOC VII-8A)

• **IN-TRANSIT ANNOUNCEMENTS**—Transportation agencies should establish procedures whereby in-transit announcements are made both auditorily and visually. (SOC VII-8B)

How should standards for communication systems and devices for disabled persons be established and implemented? (SOC VII-5)

• **FCC COORDINATION OF STANDARDS**—The Federal Communications Commission should coordinate the development of standards for communication systems and devices for disabled persons. (SOC VII-5A)

• **FILM STANDARDS**—New standards for films should be developed requiring captions or subtitles for hearing impaired viewers. (SOC VII-5J)

• **PRICE STANDARDS**—The federal government should establish price standards for communication devices and equipment for hearing impaired individuals. (SOC VII-5K)

How can the professional community (educators, etc.) be encouraged to assure that handicapped individuals are provided opportunities to learn appropriate communication skills including alternative communication systems? (SOC VII-6)

• **SIGN LANGUAGE CLASSES**—Educational institutions should establish sign language classes in universities and adult education centers as a means of promoting deaf and hearing interaction and offering deaf people an opportunity to upgrade skills and learn new vocabulary. (SOC VII-6B)

• **COMMUNICATIONS MEDIA FOR ALL PERSONS**—Educators must implement changes in local school districts to insure that all persons, regardless of their level of disability, can learn to use media through which communication can occur. (SOC VII-6D)

• **SUFFICIENT FUNDS FOR P.L. 94-142**—The federal and state governments should appropriate sufficient funds to carry out effectively the provisions of the Education for All Handicapped Children Act of 1975 (P.L. 94-142). (SOC VII-6J)

Given the cost factors, how can the priorities for the design and production of new or modification of existing communication systems and devices best be identified and met? (SOC VII-3)

• **DEVELOPMENT OF TELEPHONE EQUIPMENT**—The telephone company should develop, through its research and development facilities,

telephone communication devices that can be made available to hearing impaired and other handicapped individuals at reasonable cost. (SOC VII-3B)

- **HANDICAP/COMMUNICATION INSTRUCTION**—Congress should amend the Education for All Handicapped Children Act of 1975 (P.L. 94-142) to mandate school districts to include in their required curriculum instruction about all handicapping conditions and the various communication systems and devices needed and utilized by handicapped individuals. (SOC VII-3E)
- **DIRECTORIES OF SERVICES**—The Library of Congress and state libraries should publish on a state or regional basis directories of reader services and other services for the visually impaired, hearing impaired, and physically handicapped. (SOC VII-3G)

Economic Concerns: Employment

How may Sections 503 and 504 of the Rehabilitation Act of 1973, as amended in 1974, be modified to create greater job opportunities for all handicapped individuals? (ECC I-2)

- **GOALS AND TIMETABLES**—Amend Sections 503 and 504 to establish goals and timetables for the implementation of affirmative action plans for the employment of disabled persons. (ECC I-2L)
- **COMPLIANCE OFFICERS**—Provide Federal funding for affirmative action compliance officers. (ECC I-2D)
- **LABOR RESPONSIBILITIES**—Federal regulations affecting Sections 503 and 504 should include specific language outlining the responsibilities of organized labor with regard to employment, promoting, and/or reemployment of disabled persons. (ECC I-2K)

How can existing federal and state statutes and regulations be modified to improve and expand employment of physically and mentally handicapped persons? (ECC I-3)

- **AMEND THE SOCIAL SECURITY ACT**—Congress should amend the benefits sections of the Social Security Act to remove current disincentives to work. Amendments should provide for higher levels of permissible income without loss of benefits, continuation of medical benefits during periods of employment, extension of the trial work period, and other regulations which would stimulate and increase the entry of handicapped individuals into the work force. (ECC I-3A)
- **ANTI-DISCRIMINATION LEGISLATION**—Congress and state legislatures should amend all statutes and regulations concerning discrimination to include the handicapped and similarly should provide for the handicapped in all new legislation, either by including the handicapped as a minority group or by providing a "Bill of Rights for the Handicapped." In addition, all other statutes and regulations that are discriminatory should be appropriately amended. Relevant targets of this activity include the Rehabilitation Act, the Civil Rights Act, OSHA regulations, child labor laws, and affirmative action portions of other legislation. (ECC I-3B)

- **MEASURES TO EXTEND INSURANCE TO HANDICAPPED PERSONS**—Congress and state legislatures should enact legislation and authorize programs designed to prohibit insurance companies and/or employers from discriminating unreasonably against the handicapped on the basis of higher risk. They should also help employers defray the increased costs that may reasonably be imposed for coverage of handicapped workers. (ECC I-3E)

How can business, labor, and the professions effectively interact with volunteer, federal, state, and local agencies to support and perpetuate employment programs for disabled individuals? (ECC I-9)

- **STATE EMPLOYMENT SERVICE**—State employment services and vocational rehabilitation representatives should be housed in common facilities. These employment services should provide a handicapped representative at every employment service center or job service office. The representative's location and availability should be well-publicized. The person should serve as a counselor, or placement specialist, for all disabled persons and as liaison for other resource groups including potential employers from the public and private sectors. (ECC I-9A)

- **COOPERATIVE JOB TRAINING**—Create cooperative job training programs involving private industry, trade union apprenticeships, and training facilities. Participants should include career education programs in junior and community colleges, and area vocational centers. Vocational education curricula and vocational rehabilitation activities should be modified appropriately. Orientation should start as early as junior high school (7th through 9th grades). (ECC I-9F)

- **PUBLIC AWARENESS CAMPAIGN**—Conduct public awareness campaigns concerning the problems of employment of handicapped individuals and specifically concerning workmen's compensation coverage. Aim publicity at all audiences, particularly middle management representatives of government, labor organizations, business, industry, and professional associations. Incorporate publicity into local vocational rehabilitation activities. (ECC I-9B)

How can union rules, and attitudes throughout all organized labor in the public and private sectors, be modified to provide greater employment opportunities for physically and mentally handicapped persons? (ECC I-14)

- **ENFORCEMENT OF LEGISLATION**—Federal and state governments should provide stronger enforcement of legislation prohibiting job discrimination against handicapped workers. (ECC I-14B)

- **EDUCATION PROGRAMS**—Federal and state agencies should develop programs to educate unions, employers, and the general public as to the capabilities of handicapped workers and the benefits of modifying tasks and providing special equipment so as to encourage employment of the handicapped. (ECC I-14A)

- **STRENGTHEN FEDERAL AND STATE REQUIREMENTS**—Federal and state agencies should award contracts to unionized businesses only if the union, as well as the employer, has an affirmative action plan for handicapped individuals. (ECC I-14C)

How could federal and/or state hiring procedures be improved for handicapped job applicants? (ECC I-11)

- **EQUAL EMPLOYMENT ENFORCEMENT**—Enforce equal employment opportunity and affirmative action laws. Include the words "physically and mentally handicapped" on employment forms regarding "unlawful to discriminate against." Enforce Section 501 of the Rehabilitation Act of 1973. Enforce existing law that does not require certification of a disabling condition. Hire an increased number of disabled persons in public agencies and institutions. Utilize a five percent (5%) quota system as a minimum. Establish fines for public agency and institutional personnel who have hiring responsibility and do not comply with existing laws and/or regulations (including executive orders) (ECC I-11A)

- **QUALIFIED PLACEMENT COUNSELORS**—The state employment service should place the most qualified persons in charge of placement counseling, selective placement programs, and follow-up of disabled workers (ECC I-11B)

- **SELECTIVE PLACEMENT**—Expand present procedures, and use the merit system to enable more selective placement in state and federal agencies. Establish state and federal incentive programs to employ more handicapped persons. Use computerized systems to match jobs with disabled persons. Up-grade placement coordinator training and classification (ECC I-11C)

How can job training and career and vocational education programs be implemented and expanded to allow physically and mentally handicapped persons to be better prepared for semi-skilled, skilled, and technical positions for which, through their qualifications, they should be able to compete? (ECC I-15)

- **ON-THE-JOB TRAINING (OJT)**—Expand OJT and work experience programs so that all categories of physically and mentally handicapped individuals may have an equal opportunity to demonstrate individual abilities. Extend training through more apprenticeships. Implement state/federal matching fund programs, with built-in declining subsidies, to improve on-the-job programs (ECC I-15A)

- **TRAINING PROGRAMS**—Open all training programs to all handicapped persons. Training programs should investigate alternative methods of job performance and should be modified to enable handicapped individuals to learn job skills. Training programs should be based on the real needs of the existing and potential job markets. Utilize new telephonic systems to train persons with upper extremity dysfunction for jobs requiring use of the telephone. Provide follow-through. Allow training in leisure as well as skill areas. Coordinate training programs with available jobs. Establish a central testing facility. (ECC I-15C)

- **IDENTIFY EMPLOYER NEEDS**—Involve planning bodies within the state in identifying local needs for specific skills. Assure that career and vocational schools, sheltered workshops, apprenticeships, colleges, and on-the-job training programs teach these skills and offer relevant courses. Federal program funds should be provided to develop appropriate training programs and improve manpower projects (ECC I-15D)

What is the most effective means of modifying negative attitudes toward handicapped persons, and resultant hiring behavior of employers, in the public and private sectors? (ECC I-7)

- **PUBLIC AWARENESS CAMPAIGN**—Recommend expansion of existing advertising, educational, and promotional programs funded by federal and state agencies. Promote comprehensive, multi-media campaigns utilizing regional and local electronic (radio and television) outlets and print media (newspapers and magazines) outlets. Establish a nationwide speakers bureau composed of disabled persons and professionals who can present positive programs on employment of handicapped individuals. (ECC I-7A)

- **PLACEMENT AGENCIES**—Placement agencies should be required to provide the following. Encourage handicapped individuals to prepare for other than traditional types of employment, develop as many employer contacts for disabled clients as possible, employ only qualified counselors to work with handicapped persons, and provide comprehensive evaluation (follow-up) of placements. Also, agencies should arrange conditional placement for disabled persons in all occupational fields and should provide training in job-seeking skills for disabled persons. Such activities should be monitored by professional staff members of the state departments of vocational rehabilitation and labor and should be supported by state/federal matching funds. There should be annual evaluations (ECC I-7C)

- **TRAINING AND EDUCATION**—Congress should appropriate additional funds for the Department of Labor (and state legislatures should enact appropriate funding legislation for state departments of labor) to provide employer training and education programs. For students pursuing degrees in schools of business, state universities should be required to establish curriculum requirements emphasizing special courses related to employment of disabled persons. (ECC I-7B).

How can existing corporate tax provisions be modified to improve access to employment for disabled persons? (ECC I-4)

- **FEDERAL TAX INCENTIVES**—The Internal Revenue Service should revise and/or amend its corporate tax provisions to permit full or partial tax credits and/or deductions for employers of handicapped persons to offset the expense of hiring, training, facilities modifications for accessibility, payments for Social Security and workers compensation, special transportation of disabled workers, studies required for the implementation of job modifications, and other expenses incurred in employment of disabled persons in the year in which they are incurred. (ECC I-4A)

- **FEDERAL SUBSIDIES**—The federal government should provide subsidies to employers for the expenses they incur in employing handicapped individuals and for the special costs of facilities modifications, training, purchase of assistive devices, and counseling (ECC I-4C)

- **STATE TAX INCENTIVES**—State corporate tax divisions should revise and/or amend their corporate tax provisions to permit full or partial tax credits and/or deductions to employers of handicapped persons to offset the expense of hiring, training, facilities modifications for accessibility, equipment modifications, and other expenses incurred in the employment of disabled persons in the year in which they are incurred. (ECC I-4B)

How can public and private financial institutions create greater access to venture capital (monies to be invested in self-employment, franchise operations, stocks, bonds, or real estate) for handicapped individuals? (ECC I-13)

- **SPECIAL SBA FUNDS AND SERVICES**—The Small Business Administration should create a special department providing low-interest, long term loans and counseling and technical assistance services, in conjunction with vocational rehabilitation services, to handicapped entrepreneurs. (ECC I-13A)

- **NEW LAWS FOR FINANCIAL INSTITUTIONS**—Congress and state legislatures should enact laws enabling public and private financial institutions to provide venture capital to handicapped persons. Also, lending institutions should be required to eliminate loan restrictions for disabled persons. Tax incentives should be provided to such institutions for granting loans to disabled entrepreneurs for limited durations, such as the start-up time needed to firmly establish any new business venture (enterprise). (ECC I-13E)

- **HOMEBOUND EMPLOYMENT**—The Department of Health, Education, and Welfare should develop homebound employment programs for the handicapped, with the federal government providing fringe benefits such as life insurance, health insurance, sick pay, retirement, and unemployment payments. State vocational and employment services should then be responsible for developing jobs that can be done in the home. (ECC I-13D)

How can federal and/or state agency testing procedures be improved for handicapped individuals? (ECC I-10)

- **REVISE TESTING PROCEDURES**—Administer tests to disabled persons in barrier-free buildings. Modify tests currently used by federal and state civil service commissions and the private sector. Develop alternative tests that fit handicapping conditions and adequately measure jobs. Insure validity for all handicapping conditions. Waive tests—use vocational rehabilitation evaluation and placement procedures for matching qualified disabled persons to existing jobs. Permit use of oral examinations when appropriate. (ECC I-10A)

- **TEST DESIGN**—Form committee of handicapped persons and professionals to design tests that are job-related and that measure the skills and abilities of handicapped individuals. Obtain normative data on handicapped individuals. Include deaf and blind persons in new test development and validation. (ECC I-10C)

- **DEVELOP POINT SYSTEM**—Provide equal opportunities for handicapped people by developing a point system similar to that afforded military veterans. (ECC I-10B)

How can existing federal and state civil service regulations and procedures be modified to permit greater job access, mobility, and advancement for disabled individuals? (ECC I-12)

- **STATE/FEDERAL CIVIL SERVICE JOBS**—Develop comprehensive staffing plans. Strengthen affirmative action programs within the federal government, and allocate a certain number of positions for handicapped individuals. Modify jobs and create career ladders for physically and mentally disabled persons. (ECC I-12A)

- **FLEXIBLE WORKING HOURS**—Federal and state civil service commissions should allocate a certain number of positions in which hardi-capped individuals can work flexible hours (ECC I-12E)

- **FEDERAL CIVIL SERVICE JOB INFORMATION**—Disseminate information on all phases of employment in formats the handicapped can utilize. The federal Civil Service Commission job information pamphlet printed for deaf persons should be revised to (1) include larger number of careers suitable for deaf applicants, and (2) eliminate all references to and implications about the type of education received by deaf applicants (ECC I-12B)

How could existing state and county licensing procedures and costs be modified to promote greater access to employment, and transportation to and from work, by handicapped individuals? (ECC I-5)

- **TRANSPORTATION SYSTEMS**—There should be a comprehensive plan for mass transit systems developed at the federal, state, and local levels. All systems should carry a mandate requiring total accessibility and useability. This includes public systems of rolling stock (including railroads, subways, elevated systems, and monorails), overland and metropolitan buses, dial-a-ride, and taxis. Identical standards should be applied to carriers in the private sector, with tax credits available for required modifications or purchase of new vehicles. Transportation procedures and routes must be modified. There should be no extra charge in any system for carrying a wheelchair. Vehicles used by educational institutions should be available to carry disabled persons when not in use otherwise. Proposed Federal Aviation Administration regulations regarding air travel by disabled persons, and existing tariff laws affecting handicapped travelers, should be permanently rescinded. (ECC I-5D)

- **MERIT SYSTEM**—Establish a licensing procedure that defines professional skill levels and proficiency levels for all such personnel so that handicapped individuals can seek positions on the basis of merit and/or ability only (ECC I-5A)

- **IDENTIFICATION**—State motor vehicle divisions should issue identifying plates for disabled individuals automobiles, vans and other vehicles. The Social Security Administration should issue identification cards for non-drivers that would serve to identify a person in any public or private establishment in lieu of a state-issued driver's license. (ECC I-5E)

How can attitudes of supervisors be modified to ensure equal opportunity for career advancement for disabled workers? (ECC I-6)

- **TRAINING**—All federal departments and agencies must be required to provide EEO type training for supervisory personnel. These sessions should emphasize utilization of handicapped workers. State personnel offices also could conduct such programs. Private sector employers should include such courses in regular supervisory training programs in order to teach supervisors about job modification and the needs and potential of persons with various types of disabilities (ECC I-6A)

- **EDUCATION**—Educate employers and training school personnel so that they become aware of handicapped individuals' abilities and create upward mobility opportunities for qualified disabled persons (ECC I-6B)

- **SUPERVISORY EVALUATION**—Supervisory skills in employment of the handicapped should be included in official evaluation of a supervisor's effectiveness. (ECC I-6C)

What techniques may be useful in minimizing the stigma of mental illness for persons seeking employment? (ECC I-8)

- **CIVIL SERVICE REGULATIONS**—Enforce all civil service regulations regarding employment of handicapped individuals (ECC I-8B)

- **LEGISLATION**—Persons diagnosed as being disabled by emotional disturbances must be included under the general heading "mentally disabled" in all state and/or federal statutes, executive orders, and/or constitutional amendments speaking to acts of discrimination in employment against disabled persons (ECC I-8A)

- **TRANSITIONAL EMPLOYMENT**—Integrate 'transitional employment' concepts into local industry and business practices (ECC I-8D)

What responsibilities do employers in government, industry, labor, and the professions have in maintaining confidentiality when employing a person with a history of mental illness? (ECC I-1)

- **CORPORATE, GOVERNMENT, LABOR, AND PROFESSIONAL PERSONNEL RECORDS**—Employee medical records should be maintained in files separate from personnel records. Such medical records should be strictly controlled under regulations governing the Privacy Act, and records should be released only on a legally established need-to-know basis (ECC I-1A)

Economic Concerns: Opportunity

How can we ensure that rehabilitation specialists have the technical skills needed to execute job placement for handicapped persons? (ECC II-12)

- **TRAINING REHABILITATION SPECIALISTS**—Educational programs for rehabilitation specialists should include more practicum training with extensive exposure to handicapped persons. There should be intensive and continual cross-training between rehabilitation specialists and those who work in Department of Labor-funded job placement programs. Rehabilitation specialists who work with deaf or blind persons should receive appropriate specialized training. Job modification and human engineering training should be part of the curricula. All rehabilitation personnel should have more training in architectural barrier removal (ECC II-12A)

- **HIRING HANDICAPPED PERSONS AS REHABILITATION SPECIALISTS**—More handicapped persons should be trained and hired as rehabilitation specialists, particularly in the job placement area (ECC II-12C)

- **RE-ORDERING VOCATIONAL REHABILITATION CLOSURE PRIORITIES**—De-emphasize the numbers game and give more recognition to quality service provided to severely disabled persons. Establish system of weighted closures that recognizes quality work (ECC II-12I)

How may the performance of the U.S. Employment Service be improved to facilitate better job opportunities for handicapped individuals? (ECC II-13)

- **MORE STAFF TO WORK WITH HANDICAPPED APPLICANTS**—Provide federal funding to ensure that each U.S. Employment Service office has at least one staff member fully involved in placement of handicapped applicants. The number of positions created for persons to work with the handicapped should be based on each community's estimated population of handicapped job-seekers (ECC II-13A)
- **CHANGE IN FUNDING METHOD**—The Employment and Training Administration of the U.S. Department of Labor should change its U.S. Employment Service funding method from a "unit/time" basis to a "services needed" basis so that necessary funds for on-the-job training, job placement, and supportive services for handicapped applicants can be provided (ECC II-13N)
- **STAFF TRAINING**—U.S. Employment Service staff should be better trained regarding the vocational capabilities of handicapped persons. Specialized training is needed for staff who will be working with deaf, blind, or mentally disabled persons (ECC II-13B)

How can existing federal and state personal income tax provisions be modified to guarantee equitable tax treatment for handicapped persons? (ECC II-3)

- **BROADEN ALLOWABLE DEDUCTIONS AND EXCLUSIONS**—Federal and state personal income tax provisions should be modified to allow deductions, exclusions, or other relief for all extraordinary handicap-related expenses such as equipment, attendants, clothing, transportation, housing needs, home renovation, vocational training or schooling, and special cost to gain or hold employment (ECC II-3A)
- **EXTEND LOW-INCOME TAX CREDITS TO LOW-INCOME HANDICAPPED**—Federal and state personal income tax provisions should be modified to extend to low-income handicapped persons the negative tax credits currently allowed to low-income parents (ECC II-3M)
- **EXTEND DOUBLE EXEMPTION**—Federal and state personal income tax provisions should be modified so as to extend to handicapped individuals the extra exemptions currently available to the blind and the elderly (ECC II-3B)

How can provisions of existing federal programs support efforts to develop and implement effective job placement programs? (ECC II-11)

- **EMPLOYER INVOLVEMENT**—Provisions must be made to involve employers and organizations of employers at an early stage in the vocational rehabilitation process via visits to training centers, placement advisory groups, etc. Wherever possible vocational rehabilitation training centers should have advisory boards made up of employers, including executives, personnel officers, and front-line supervisors. (ECC II-11G)
- **CIVIL RIGHTS PROTECTION**—The employment rights of handicapped persons should be protected under the Civil Rights Act (ECC II-11B)

- **SHIFT PLACEMENT RESPONSIBILITIES**—Job placement responsibilities should be shifted from Department of Labor agencies to vocational rehabilitation agencies, which in turn should develop the position of "placement specialist" (ECC II-11A)

What measures should be taken to assure continued federal and state focus on the goal of serving the disabled consumer in job preparation programs? (ECC II-1)

- **EDUCATION PROGRAM**—An ongoing education program re job preparation needs of handicapped persons should be established. The program should be based on periodic assessment of existing programs and job market trends. The program should be aimed at legislators and at educational and rehabilitation programs that prepare handicapped persons for employment. (ECC II-1A)

- **FUNDING FOR ADDITIONAL EDUCATIONAL COST**—Provide federal and state funding in sufficient amounts to cover the additional cost of educating disabled students (i.e., reader services for the blind, interpreter services for the deaf, etc.) (ECC II-1B)

- **JOB MARKET SURVEYS RE TRAINING**—Conduct local and state job market surveys to determine training needs and to identify on-the-job training opportunities. Evaluate projected employment requirements and provide training relevant to employment trends and available jobs—preferably jobs that pay sufficient wages to compensate for the extraordinary expenses of handicapped workers. (ECC II-1C)

How could the second injury clause of the worker's compensation laws be modified to permit employment? (ECC II-9)

- **EDUCATION AND AWARENESS PROGRAMS**—Federal and state agencies should develop programs to educate employers and insurance companies as to the meaning of the second injury clause of the worker's compensation laws. Related programs should be directed toward educating handicapped persons about the provisions of these laws. (ECC II-9A)

- **UNIFORM FEDERAL LAWS**—Congress should enact legislation that requires every state to have a worker's compensation law in compliance with the federal laws. (ECC II-9C)

- **FEDERAL INSURANCE SUBSIDIES**—The federal government should establish a compensation department to provide funds to the states to provide insurance for individuals with certain handicaps on a cost-sharing basis with the employer. (ECC II-9B)

How can tenant regulations be modified to permit equal rights to rental, leased, or other housing for disabled persons? (ECC II-5)

- **SUBSIDIES**—The Department of Housing and Urban Development should develop rent subsidy programs for the handicapped comparable to those now available to low-income groups. Subsidies for structural modifications should be provided for handicapped homeowners and landlords who rent to handicapped tenants. (ECC II-5B)

- **LOW-COST HOUSING**—Amend building regulations to expedite the accommodation of handicapped persons in low-cost housing. (ECC II-5D)

• **FINANCIAL ASSISTANCE RECIPIENTS**—Allow handicapped persons receiving public financial assistance (e.g., Public Assistance, Supplemental Security Income, Social Security Disability Insurance) to accumulate savings to purchase modified housing, special equipment, special household furnishings, etc. (ECC II-5I)

What legislation is needed to correct barriers to credit? (ECC II-8)

• **STRENGTHEN STATE LEGISLATION**—State legislatures should broaden existing credit legislation to prevent discrimination against the handicapped in credit matters and should enact new legislation where necessary. (ECC II-8A)

• **AMEND EQUAL CREDIT OPPORTUNITY ACT**—Congress should amend the Equal Credit Opportunity Act to include physical disabilities. (ECC II-8B)

• **FEDERAL LOANS**—The federal government should provide or guarantee low-interest loans to handicapped persons for such items as appliances, dwellings, work-related expenses, and business ventures. (ECC II-8C)

How can adequate job preparation and continued preference for severely disabled veterans, especially those with minority status and little job training, be guaranteed and expanded? (ECC II-2)

• **FEDERAL GUIDELINES RE TRAINING**—Strengthen and expand federal guidelines for training and hiring the severely disabled, particularly veterans. Include incentives for developing training and employment opportunities in "Projects with Industry." (ECC II-2A)

• **ON-THE-JOB TRAINING**—Encourage the use of on-the-job training to prepare severely disabled veterans for employment. Increase funding for on-the-job training. (ECC II-2B)

• **COORDINATION OF SERVICES**—Establish state and local committees to better coordinate services available to severely disabled veterans, including services available through the Veterans Administration, the U.S. Employment Service, and state divisions of vocational rehabilitation. (ECC II-2C)

How can existing state taxes on real property be modified to improve access to adequate housing for handicapped individuals? (ECC II-4)

• **EXCLUSION OF MODIFICATION EXPENSES FROM ASSESSED VALUE**—State tax provisions on real property should be modified to exclude the cost of accessibility-related home improvements in determining the market value of houses owned by or rented to handicapped individuals. (ECC II-4A)

• **TAX CREDITS FOR RENTAL UNITS**—The states should provide tax credits for accessibility modifications and for damage or excessive wear in rental units occupied by the handicapped. (ECC II-4E)

• **HOMESTEAD EXEMPTION**—State tax provisions on real property should be modified to allow a \$10,000 assessed value exemption for homes occupied by handicapped persons. (ECC II-4B)

What federal, state, and local regulations must be changed to secure a universally acceptable identification card for handicapped individuals, other than a driver's license, to facilitate financial and social transactions necessary to activities of daily life? (ECC II-7)

- **STATE MOTOR VEHICLE DEPARTMENTS**—Upon certification of a disabling condition by a physician, the state motor vehicle department should issue identification cards for the handicapped. Card cost should not exceed the cost of materials (ECC II-7A)

- **DISABILITY DETERMINATION**—Establish a single disability determination unit in each state to determine eligibility and to issue identification cards for handicapped individuals (ECC II-7C)

- **PUBLIC RELATIONS CAMPAIGN**—Issuance of identification cards for the handicapped should be accompanied by a massive federal/state public relations campaign to acquaint businesses with the program. (ECC II-7B)

How can transfer programs for handicapped persons be integrated with a negative income tax plan? (ECC II-10)

- **NEGATIVE INCOME TAX RATE**—The federal government should provide all handicapped persons, regardless of employment status, with various direct subsidies depending upon the degree of disability. Eligibility for vocational and medical rehabilitation should remain constant but the negative income tax rate should be adjusted inversely with the degree of disability and the individual's income. Benefits paid to the completely disabled, including retirees and children, should be above the poverty level and tax-free (ECC II-10A)

- **CONSERVATOR FEES**—Federal and state agencies should provide conservator fees for individuals handling Social Security Disability Insurance and Supplemental Security Income payments to mentally disabled persons (ECC II-10B)

- **EXTEND SSI TO PUERTO RICO**—The federal government should extend Supplemental Security Income benefits to resident citizens of Puerto Rico (ECC II-10C)

How could existing state and local sales taxes be modified to improve the quality of life for handicapped individuals through reduced cost of food, prescription medication, and clothing? (ECC II-6)

- **EXEMPT CERTAIN HANDICAPPED-RELATED PURCHASES FROM SALES TAX**—The states should modify sales tax laws to exempt handicapped persons from paying sales taxes on all handicap-related purchases, such as medicine, prosthetics, special equipment, clothing, communications, and transportation (ECC II-6A)

- **LOW-COST COMMUNICATION EQUIPMENT**—The state utility commission should require communication systems to furnish special equipment to handicapped persons at cost or on a nonprofit rental basis (ECC II-6E)

- **COMMITTEES FOR LEGISLATIVE REVIEW**—Committees should be formed to review the current sales tax system and enact new legislation with regard to the application of sales taxes to the handicapped (ECC II-6B)

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Economic Concerns: Security

How can the Social Security Disability Insurance (SSDI) Fund be modified to permit expanded benefits to severely disabled persons without functioning as a disincentive to work? (ECC III-10)

- **INCREASE ALLOWABLE EARNINGS AND DECREASE BENEFITS ON A SLIDING SCALE**—Congress and the Social Security Administration should amend laws and regulations so as to increase the regular and trial work earned income allowed to disabled individuals without loss of SSDI benefits. Regular earnings beyond this floor should then result in gradual loss of benefits on a sliding scale. (ECC III-10A)

- **CONTINUE MEDICAL COVERAGE AFTER CESSATION OF CASH BENEFITS**—Congress and the Social Security Administration should amend laws and regulations so as to allow continued medical coverage to disabled persons who return to work unless they receive similar coverage from the employer. (ECC III-10D)

- **INCREASE SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENTS**—Congress and the Social Security Administration should increase SSI benefits at least to the poverty level and should provide increases with the cost of living both to handicapped individuals and to parents and guardians of handicapped individuals. (ECC III-10B)

What is the appropriate role for the sheltered workshop? (ECC III-2)

- **MINIMUM WAGE**—Federal and state governments should pass legislation and appropriate funds to supplement the wages of persons employed in sheltered workshops so they can earn at least the minimum wage. (ECC III-2B)

- **VOCATIONAL EVALUATION AND TRAINING SERVICES**—Sheltered workshops should provide vocational evaluation and training services to handicapped individuals preparing to enter the competitive labor market, as to most handicapped persons it serves as an interim step to employment in the public or private sectors. (ECC III-2A)

- **EXTENDED EMPLOYMENT FOR SEVERELY DISABLED PERSONS WHO CANNOT ENTER THE COMPETITIVE LABOR MARKET**—Sheltered workshops should provide extended employment for severely disabled persons who cannot enter the competitive labor market. (ECC III-2C)

What is the appropriate role for the work activity center? (ECC III-3)

- **OUTLET FOR GAINFUL ACTIVITY, SOCIALIZATION, AND LIFE ENRICHMENT**—The work activity center should provide an outlet for gainful activity, socialization, and life enrichment for severely disabled persons who cannot participate in a regular sheltered workshop setting. (ECC III-3A)

- **TITLE XX FUNDING**—Work activity centers should be given more support through funding under Title XX of the Social Security Act. (ECC III-3C)

- **EVALUATION OF CLIENTS**—Clients in work activity centers should be routinely and periodically evaluated to assess their capacity to move into sheltered workshops or other appropriate programs. Clients should have input re their placement outside the work activity center. (ECC III-3B)

What should be the alternatives for handicapped persons for whom employment should not be an objective? (ECC III-6)

- **MINIMUM INCOME LEVEL**—A guaranteed minimum income level should be established for those handicapped persons for whom work is not an objective. Such income should include provisions for cost-of-living adjustments. Those with abnormally high living expenses should be eligible for supplemental payments. (ECC III-6A)

- **RECREATION AND THERAPEUTIC UNITS**—Recreation and therapeutic units should be established to provide leisure time activities and to teach activities of daily living to those for whom employment is not an objective. (ECC III-6B)

- **REVISE SERVICE ELIGIBILITY LAWS**—Revise existing service eligibility laws to prevent families of unemployable handicapped individuals from being forced to lower their standard of living to the poverty level by using their income and savings to insure economic security for their disabled family members. (ECC III-6F)

Should the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled be modified to include all categories of disability? (ECC III-7)

- **RETAIN AND STRENGTHEN PREFERENCE**—Congress should *retain* and clarify the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled and should expand the services to severely disabled persons and their families. (ECC III-7A)

- **CHANGE CRITERIA FOR EVALUATION OF COUNSELORS**—State divisions of vocational rehabilitation should amend criteria for personnel evaluation by providing weighting factors that would grant more credit for getting the severely disabled back to work. (ECC III-7C)

- **REMOVE PREFERENCE**—Congress should amend the Rehabilitation Act of 1973 to *remove* preferences in services to the severely disabled and include all categories of disability. (ECC III-7B)

How can advocacy and legal services be provided to mentally disabled persons who become naive offenders or who suffer economic hardship due to civil or criminal proceedings? (ECC III-8)

- **COURT-APPOINTED ATTORNEYS AND TRAINED POLICE OFFICERS**—Court-appointed attorneys should be made available for naive offenders, and arresting and booking police officers should be trained to recognize and assist disabled persons in need of such assistance. (ECC III-8A)

- **LEGAL NEEDS FOR OTHER HANDICAPPED PERSONS**—There is a need for advocacy and legal services for handicapped persons other than the mentally disabled, including retarded, deaf, and other disabled persons. (ECC III-8B)

- **LAW SCHOOL CURRICULA**—Law school curricula should include courses on the legal rights and problems of disabled individuals. (ECC III-8F)

How can existing state disability insurance laws and regulations be modified to assure adequate income maintenance? (ECC III-1)

• **EXPAND MEDICAL COVERAGE AND EXTEND ELIGIBILITY**—The states should expand medical benefits to cover such items as drugs, medical hardware, and nursing and should provide medical benefits to handicapped persons regardless of income or employment status. (ECC III-1A)

• **REGULATE PRIVATE INSURANCE COMPANIES**—The states should enact legislation for private insurance companies that (a) prohibits denial of insurance to handicapped persons, including no-fault, solely on the basis of a handicap, (b) insures the use of current and realistic actuarial tables for handicapped persons, (c) obligates the state to pay any excess above the normal premiums assessed against handicapped persons, and (d) prohibits the reduction of disability payments once they begin, regardless of increase in federal payments. (ECC III-1C)

• **ALLOW HIGHER INCOME AND ASSETS**—The state disability insurance laws should be amended to allow higher earned income before termination of benefits and should exclude such items as trust funds and home or capital investments in determining eligibility of handicapped persons for benefits. (ECC III-1B)

Should work activity centers for non-employable disabled individuals be operated by public agencies such as schools, municipal recreation departments, and day care agencies? (ECC III-5)

• **MAINSTREAMING**—Work activity centers should be operated by public schools, recreation departments, and day care agencies to provide the advantage of mainstreaming severely handicapped children with their non-disabled peers. (ECC III-5A)

• **HANDICAPPED ADMINISTRATORS**—Whenever possible qualified handicapped persons should be given the opportunity to administer work activity centers. (ECC III-5C)

• **CONSUMER INVOLVEMENT**—Consumers should have some input re the effectiveness of work activity center programs. (ECC III-5D)

Should sheltered workshops be decentralized in neighborhood locations, adjacent to existing work locations, or with community residential facilities? (ECC III-4)

• **NEIGHBORHOOD LOCATIONS**—Establish neighborhood locations to assist in mainstreaming handicapped persons in society. When sheltered workshops are adjacent to industrial settings it prompts positive relationships that should facilitate contract procurement, cooperative training efforts, and job placement. Neighborhood-based workshops also tend to diminish transportation problems. (ECC III-4A)

• **SURVEY**—To identify better locations for sheltered workshops, conduct a survey of existing and projected employer opportunities, availability of contracts, and accessibility to the handicapped population to be served. (ECC III-4B)

• **COMMUNITY RESIDENTIAL FACILITIES**—Locate sheltered workshops in or near community residential facilities to diminish the problem of transportation for those unable to travel independently. (ECC III-4C)

How can Supplemental Security Income (SSI) programs be modified to improve interim income maintenance for permanently and severely handicapped individuals? (ECC III-9)

- **FEDERAL SUPPORT FOR FRINGE BENEFITS**—Provide the full range of fringe benefits to long-term employees through federal support (grants, etc.) and build basic fringe benefit provisions into workshop program Workshops unable to provide these benefits. (ECC III-9A)

Industry-Labor Council: Employment and Economic Opportunity and Security

How can existing federal and state statutes and regulations be modified to improve and expand employment of physically and mentally handicapped persons? (ELC-ECC I-3)

- **NATIONAL HEALTH SECURITY ACT**—The Kennedy-Corman Health Security Act should be enacted, as it would remove many barriers to employment of the handicapped and reduce the negative side effects of worker's compensation. (ILC-ECC I-3W)

- **ENFORCEMENT OF LAWS**—Existing laws in regard to the handicapped should be effectively and promptly enforced. (ILC-ECC I-3F)

- **SUPPLEMENTAL SECURITY INCOME**—Federal laws and regulations concerning payment of Supplemental Security Income to the disabled must be amended to eliminate requirements and criteria for eligibility that act as disincentives for disabled persons to return to or accept employment if it results in reduced net income or prevents return to the program if employment ends. (ILC-ECC I-3M)

Are Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, adequate in terms of creating job opportunities for all handicapped persons? (ILC-ECC I-2)

- **EMPLOYER-LABOR AWARENESS**—Employers and labor representatives should know job requirements and how they may be altered to accommodate a handicapped person. Medical personnel should have input re medical information and should be instructed as to the real needs and capabilities of both job-providers and job-doers. (ILC-ECC I-2E)

- **COORDINATION IN AFFIRMATIVE ACTION**—Although there is general disagreement regarding the desirability of assigning responsibility for all affirmative action to a single government agency, there is agreement that there is a need for *greater coordination* of existing programs. (ILC-ECC I-2D)

- **INDIVIDUAL GRIEVANCES**—It is important to emphasize individual abilities When grievances are filed, they should be considered as individual complaints and not as "systemic" or "group" complaints. With the individual right to be hired, goes the right to fire if the individual is not producing or working properly. (ILC-ECC I-2A)

What is the most effective means of modifying negative attitudes toward handicapped persons and resultant hiring behavior of employers in the public and private sectors? (ILC-ECC I-7)

• **AWARENESS PROGRAMS**—Educational, informational, and awareness programs should be continued and expanded to reach all who are or should be concerned with making affirmative action for the handicapped work successfully. (ILC-ECC I-7A)

• **SPECIAL TRAINING PROGRAMS**—Industry and labor should be encouraged to become involved in the development of training programs specifically designed for the handicapped and should assist in placement of the handicapped (i.e., CIL employer advisory committee and employers' participation in summer work programs). (ILC-ECC I-7H)

• **SPECIAL PROBLEMS OF SMALL EMPLOYER**—The problems of benefit costs for the small employer should be recognized and dealt with, and there should be more and better communication between unions and employers regarding actuarial statistics and cost factors for small and medium-sized employers (ILC-ECC I-7L)

What positive steps can be taken to assist employers to recruit and successfully employ handicapped persons? (ILC-ECC I-19)

• **PILOT PROJECTS**—Develop some methods and pilot projects to help management and labor gain a broader understanding and appreciation of the contribution to be made by handicapped persons in the job market (ILC-ECC I-19G)

• **STANDARDIZED LISTINGS OF JOB-SEEKERS**—All states should maintain standardized listings of handicapped job-seekers that give specific client information, especially in regard to degree of qualification. For employers there should be more public information (recruitment pamphlets, etc.) and public relations efforts in regard to vocational rehabilitation services. (ILC-ECC I-19A)

• **JOB FAIRS**—Job fairs where face-to-face information regarding skills of handicapped persons and job requirements can be exchanged should be held in every state, along with other innovative recruitment programs. (ILC-ECC I-19B)

How can attitudes of supervisors be modified to ensure equal opportunity for career advancement for disabled workers? (ILC-ECC I-6)

• **AWARENESS TRAINING FOR COMPANY PERSONNEL**—Employers should move aggressively to incorporate awareness training about the handicapped in company and personnel training programs, and this training should be directed at attitudes and biases stemming from fear and ignorance and should portray the disabled performing a wide variety of tasks, demonstrating their abilities to perform adequately and within production standards. (Government agencies can assist in development of such programs by providing information and materials for employer use.) (ILC-ECC I-6A)

• **AWARENESS PROGRAMS FOR SUPERVISORS**—Awareness programs should be developed for supervisors and associates of handicapped persons. (ILC-ECC I-6B)

• **PARTICIPATION BY SUPERVISORS AND FOREMEN**—Foremen and/or line supervisors should participate in the interviewing and selection of handicapped individuals as a routine personnel practice. (ILC-ECC I-6C)

How can existing corporate tax provisions be modified to improve access to employment for disabled persons? (ILC-ECC I-4)

- **TAX DEDUCTIONS**—Consideration should be given to ensure that the law will permit tax deductions for modified facilities inside a corporation building as well as to provide access from outside the building. (ILC-ECC I-4A)
- **TAX EXEMPTIONS**—Tax exemptions for modification of buildings for use by the handicapped should be available to all organizations, including non-business and non-profit ones. (ILC-ECC I-4B)
- **DEDUCTION PROVISIONS**—The Dole-Mondale Amendment to the Tax Reform Act of 1976 permits a tax deduction up to a maximum of \$25,000 for accessibility modifications to buildings. Because large companies may not consider this a significant incentive, steps now should be taken to provide for an increase to a more suitable amount based on footage per plant. (ILC-ECC I-4C)

How can union rules and attitudes throughout all organized labor in the public and private sectors be modified to provide greater employment opportunities for physically and mentally handicapped persons? (ILC-ECC I-14)

- **MODEL CONTRACT CLAUSE**—The AFL-CIO, working with the White House Conference, should draw up a "model contract clause" for handicapped employees, to be disseminated to member unions for use in collective bargaining contracts. (ILC-ECC I-14B)
- **MEANS TO RECLASSIFY JOBS**—Union leaders and management should establish a means to routinely negotiate the reclassification of jobs within the seniority system when a severely handicapped individual can perform a job that is not normally an entry-level position, and in addition, there should be a means of monitoring job progress so that a handicapped person is not blocked from advancement because his or her particular job has been set aside from the seniority system. (ILC-ECC I-14D)
- **LABOR NEWS MEDIA**—The labor news media should be used to spread facts, and there should be training programs for union members to reemphasize accessibility problems. (ILC-ECC I-14A)

How can job training and career and vocational education programs be implemented and expanded to allow physically and mentally handicapped persons to be better prepared for semi-skilled, skilled, and technical positions for which, through their qualifications, they should be able to compete? (ILC-ECC I-15)

- **VOCATIONAL REHABILITATION**—Vocational rehabilitation should sell itself as a "business service," not just another state agency serving handicapped people. The National Alliance of Businessmen and AFL-CIO could work together on this type of cooperation, and there should be national guidelines for levels of job training. (ILC-ECC I-15A)
- **ON-THE-JOB TRAINING**—More funds should be made available for on-the-job training for the handicapped. (ILC-ECC I-15C)
- **REHABILITATION/PLACEMENT CENTERS**—There should be a rehabilitation/placement center (government-sponsored) as part of the

city and state college system to evaluate the potential of handicapped persons and train them to employability. Teachers should educate employers regarding interviewing procedures for handicapped people. The center should be part of the college system, and information regarding the center should be distributed to the handicapped and employers (ILC-ECC I-15B)

How can provisions of existing federal programs support efforts to develop and implement effective job placement programs? (ILC-ECC II-11)

- **SELECTIVE PLACEMENT**—Vocational rehabilitation should serve employers as well as disabled people better by being committed to making clients truly qualified. Closer job matches should be made. Inappropriate referrals should be avoided by employment and vocational rehabilitation services, and placement specialists should work more closely with employers' placement officers (ILC-ECC II-11A)

- **JOB ANALYSIS AND TRAINING SKILLS**—Placement specialists and employers should look at handicapped persons as individuals, not as problem "groups." Vocational rehabilitation and employment services and other agencies must be able to do knowledgeable job analysis and provide *realistic* training (ILC-ECC II-11B)

- **EQUITY IN TAX DEDUCTIONS FOR SEVERELY HANDICAPPED**—Handicapped persons (i.e., any severely disabled) should be given the same income tax deduction the blind are now given (ILC-ECC II-11D)

How could federal and/or state hiring procedures be improved for disabled job applicants? (ILC-ECC I-11)

- **EXAMPLE SET BY GOVERNMENT AGENCIES**—Government agencies should be the first to comply with all regulations on employing the handicapped (ILC-ECC I-11A)

- **GOVERNMENT COMPLIANCE**—The public sector, including local, city, county, and state governments, must be expected to adhere to the same requirements for affirmative action in employment of the handicapped as are now required of private employers (ILC-ECC I-11B)

What is the appropriate role for the sheltered workshop? (ILC-ECC III-2)

- **REALISTIC TRAINING IN WORKSHOPS**—Management and labor should work more closely with workshops to ensure that realistic training is given for REAL jobs, not for jobs that are make believe, archaic, or obsolete (ILC-ECC III-2A)

- **LONG-TERM EMPLOYMENT WORKSHOPS**—There should be a clear-cut distinction between workshops that serve training and transitional purposes and workshops that serve a severely handicapped client population on a long-term basis (ILC-ECC III-2B)

How can deaf persons be more integrated into the mainstream of jobs and community activities? (ILC-ECC I-20)

- **"SIGNING" AT PUBLIC MEETINGS**—Public meetings of all kinds should provide assistance for those who have impaired hearing (ILC-ECC I-20A)

How can business, labor, and the professions effectively interact with volunteer, federal, state, and local agencies to support and perpetuate employment programs for disabled individuals? (ILC-ECC I-9)

- **JOB PREPARATION RESOURCES**—More efforts should be made to identify and use existing resources (e.g., CETA funds) for preparing handicapped persons for jobs. (ILC-ECC I-9A)

How can the Social Security Disability Insurance (SSDI) Fund be modified to permit expanded benefits to severely disabled persons without functioning as a disincentive to work? (ILC-ECC III-10)

- **FORFEITURE OF DISABILITY INCOME BENEFITS**—A person living on disability income should not have to lose money (income) by going to work (e.g., forfeiting benefits such as reimbursement for the cost of attendant care, medications, and transportation). Some method of continuing partial subsidization should be maintained. (ILC-ECC III-10A)

How could existing state and county licensing procedures and costs be modified to promote greater access to employment, and transportation to and from work, by handicapped individuals? (ILC-ECC I-5)

- **RESPONSIBILITY OF ARCHITECTS AND BUILDERS**—Architects and other professional people concerned with implementation of standards should be made aware of what can and should be done by including instruction in professional school curricula, requirements in registration regulations, and questions in examinations for licensing. Trade journals for architects and builders should include articles on accessibility what it is, how it can be achieved, and the role of the architect and builder in achieving it. (ILC-EEC I-5A)

How can the "disincentive" factors of sheltered employment be overcome so that trained persons can be encouraged to take competitive employment? (ILC-ECC III-11)

- **SUPPLEMENTARY TRANSITIONAL EMPLOYMENT**—Some handicapped individuals are reluctant to "cut loose" from sheltered situations in order to accept competitive employment. To make such a step more economically attractive, these persons should be offered modified transitional employment to supplement their workshop income. (ILC-ECC III-11A)

How could the second injury clause of the worker's compensation laws be modified to permit employment? (ILC-ECC II-9)

- **STANDARDIZED SECOND INJURY FUND**—The federal government should press for national standardized workers compensation second injury fund laws, and more general use of second injury funds should be allowed. (ILC-ECC II-9A)

What should be the alternatives for handicapped persons for whom employment should not be an objective? (ILC-ECC III-6)

- **AT-HOME EMPLOYMENT**—Use of at-home employment that does not exploit or misuse the handicapped should be considered and developed where feasible. (ILC-ECC III-6A)

What can be done to equalize the burden of health care premiums and benefit both the handicapped and employer contributors? (ILC-ECC I-16)

- **DISTRIBUTION OF HEALTH CARE INSURANCE PREMIUMS**—Financial responsibility for higher health care insurance premiums, for which employers contribute as well as employees, should be spread over a larger segment of society than just those two groups. This would act as an incentive for increased employer activity in hiring marginally healthy persons (ILC-ECC I-16A)

Special Concerns: Problems of the Severely and Multiple Handicapped

How can the needs of the severely handicapped be protected through advocacy? (SPC I-2)

- **ADVOCACY INFORMATION AGENCY**—Federal, state and local governments should support the creation of centralized advocacy and information agencies. Agency functions should include appointing ombudsmen, holding public hearings, gathering and disseminating information tailored to a variety of audiences, and serving as a central information referral agency for program planners. (SPC I-2A)

- **LEGAL ADVOCACY**—Federal funds should support the development of local and regional legal advocacy offices, organizations, and advisory committees to advocate for the rights of handicapped individuals, to identify weaknesses in existing laws, and to propose amendments to alleviate those weaknesses (SPC I-2E)

- **FORMATION OF COALITIONS**—Federal and state matching funds should be available to support the formation of coalitions of organizations of and for the handicapped. The White House Conference should provide the starting point for such coalitions (SPC I-2C)

What are the unique service delivery problems of the severely handicapped and how can they be accommodated? (SPC I-1)

- **SUPPORTIVE SERVICES TO FACILITATE INDEPENDENCE**—Public and private agencies should provide a range of supportive services designed to facilitate the independence of handicapped persons. Such services should include homemakers, respite care, home skills training, family and individual counseling, human service coordinators to assist in service delivery, transportation, meals-on-wheels programs, and attendant care (SPC I-1a)

- **SSI WORK DISINCENTIVES**—Federal Supplemental Security Income (SSI) legislation should be amended to remove the disincentives to work that are built into the current legislation. (SPC I-10)

- **COORDINATED COMPREHENSIVE SERVICES**—Federal funds and legislation should support state and local efforts to deliver comprehensive and coordinated services to handicapped individuals and their families (SPC I-1C)

What programs can be established to enable the severely handicapped to improve their ability to live independently or function within their families and communities? (SPC I-4)

- **VOCATIONAL TRAINING, WORK OPPORTUNITIES**—Federal and state rehabilitation and regulations should expand vocational training and work opportunities in and out of the home setting. (SPC I-4B)

• **INDEPENDENT LIVING CENTERS**—Federal, state, and local funds should be committed to the establishment of independent living centers on a pilot basis. These centers would provide training in independent living and socialization skills. (SPC I-4D)

• **FAMILY TRAINING**—Federal, state, and local financial assistance should be provided to families for training and counseling on how to deal with handicapped family members. (SPC I-4C)

How can we meet the attendant care requirements of the severely handicapped? (SPC I-5)

• **TRAIN/CERTIFY/REGISTER ATTENDANTS**—Federal and state funds should support attendant training, certification, and employment. Possible funding mechanisms would include Medicaid, Social Security, and the Comprehensive Employment and Training Act (CETA). Trained attendants should be registered and on call for full- or part-time assignments. Some attendants should be handicapped. (SPC I-5A)

• **ATTENDANT WAGES**—Congress should extend the Fair Labor Standards Act to insure a minimum wage for attendants. Attendant care should be available to all handicapped persons on a sliding-scale basis with the care subsidized if necessary. (SPC I-5B)

• **BENEFITS AFTER EMPLOYMENT**—Federal, state, and local medical and attendant care benefits should be continued for a severely disabled individual after that person has become gainfully employed. (SPC I-5J)

How can decision-makers be convinced to expend more public/private funds for the treatment and rehabilitation of the severely handicapped? (SPC I-3)

• **AWARENESS CAMPAIGN**—Congress should pass legislation providing program funds to finance federal, state, and local campaigns to educate the general public and decision-makers about the needs of the handicapped. Education should be through the media, educational institutions, public hearings, and dissemination of research information. (SPC I-3A)

• **FEDERAL COORDINATING AGENCY**—A federal agency should be designated to coordinate existing programs that serve the severely handicapped. (SPC I-3C)

• **MONITOR PROGRAM FUNDS**—Federal, state, and local agencies responsible for funding service programs should establish improved program monitoring procedures, such as cost-benefit ratio systems, to assist all concerned in assessing program effectiveness. (SPC I-3B)

What changes should be made in the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Laws to exempt earnings to a point that would serve as an incentive to the severely disabled to undergo rehabilitation and to work? (SPC I-8)

• **TASK FORCE FOR REVIEW**—The federal government should set up a task force of consumers and relevant agency representatives to review and make recommendations for revision of the laws and regulations concerning SSI and SSDI and to issue a report containing recommended amendments and revisions. (SPC I-8A)

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- **INCOME TAX DEDUCTIONS**—To offset the high living expenses of severely handicapped individuals, tax laws should be modified in some or all of the following ways: (a) provide both tax and Social Security exemptions on all earnings by handicapped individuals, (b) consider all handicapped persons over age 18 a "family of one", (c) allow a special tax exemption for handicapped workers and their parents and/or guardians, and (d) extend the double tax exemption to all severely handicapped individuals. (SPC I-8B)

- **EMPLOYER INCENTIVES**—Tax incentives should be provided to employers to encourage them to employ severely handicapped individuals (SPC I-8E)

How can the severely handicapped develop an effective lobbying constituency? (SPC I-7)

- **COALITION FOR LOBBYING**—State and national White House Conference meetings should serve as catalysts for a strong coalition of organizations representing handicapped individuals that can more effectively educate legislators and others about the special needs of different disability groups. Organizations representing the handicapped should join forces with government and private agency representatives to lobby for effective changes. State and federal funds should be made available to encourage and strengthen coalition-building and information exchange. (SPC I-7A)

- **VOTING, POLITICAL PROCESS**—Handicapped individuals should become more actively involved in the political process on all levels and support candidates who will work to meet their needs. This will require public and private assistance in helping handicapped people to register, vote, and meet with candidates and elected officials. (SPC I-7B)

- **OFFICE FOR HANDICAPPED INDIVIDUALS**—The role and function of the Office for Handicapped Individuals should be expanded so that it is the coordinating agency for all activities relating to the handicapped at the federal level. (SPC I-7E)

How do we build an adequate public, private financial base at the federal, state, and local levels to meet the needs of severely handicapped people? (SPC I-6C)

- **FISCAL PLANNING**—State and local fiscal planning efforts should include handicapped individuals, parents, and service providers. (SPC I-6C)

- **TAX INCENTIVES**—Congress should liberalize tax deductions for charitable contributions in order to encourage contributions to organizations serving the handicapped. (SPC I-6B)

- **NEEDS ASSESSMENT**—The U.S. Social and Rehabilitation Service (functions now subsumed by other Department of Health, Education, and Welfare programs) should conduct a needs assessment to determine the needs of handicapped persons. The results should be disseminated to state and regional service providers. (SPC I-6A)

Special Concerns: Community Residential Facilities

What legislative action at federal, state, and local levels could stimulate and provide community-based living? (SPC II-12)

- **ZONING**—State and local governments should amend zoning laws that prohibit the development of community-based residences and should provide guidelines to facilitate the use of such housing for the handicapped. (SPC II-12A)
- **COMMUNITY-BASED HOUSING ALTERNATIVES**—Federal, state, and local legislation should be developed and funded to expand the variety of community-based housing alternatives for the handicapped. (SPC II-12E)
- **INCREASE SSI**—Federal and state assistance to Supplemental Security Income (SSI) recipients should be significantly increased to promote independent living alternatives. (SPC II-12L)

What should be the role and function of government (federal, state, and local levels) in provision of community living programs? (SPC II-3)

- **FUNDING FOR SUPPORT SERVICE SYSTEMS**—Federal, state, and local funds should support a variety of alternative living programs including subsidies to disabled persons and their families, home care, attendant care at home, respite care, follow-up care, day care, and loans for adapting private homes. (SPC II-3C)
- **CAPITAL CONSTRUCTION FUNDS**—Present and future capital construction funds, such as those allocated by the Department of Housing and Urban Development and the Developmental Disabilities Office in the Department of Health, Education, and Welfare, should be used only for community-based living arrangements that are proximal to and integrated with the life and resources of the community and that are small enough in size to be absorbed into the community. The same recommendations apply to state agencies responsible for financing housing. (SPC II-3N)
- **ZONING**—State and local governments should ensure that zoning laws encourage rather than discourage the development of community-based housing for the handicapped. (SPC II-3M)

What are some approaches to expanding living choices? (SPC II-11)

- **ALTERNATIVE LIVING ARRANGEMENTS**—State and local agencies should develop a continuum of flexible alternative living arrangements for the handicapped, including various levels of nursing and attendant care, homebound arrangements, group living with or without "mixed" populations, specialized accommodations for the multi-handicapped, and accessibility for all persons to appropriate services. (SPC II-11I)
- **INCENTIVES**—Federal and state governments should provide tax incentives, such as low interest loans and guaranteed mortgages, for private developers and housing sponsors who build and/or modify facilities to provide accessibility for the handicapped. (SPC II-11A)
- **ENFORCEMENT OF LAWS**—Federal, state, and local governments should enforce all existing laws and regulations on accessibility and discrimination. (SPC II-11F)

What support services need to be incorporated in housing assistance plans to accommodate all disabilities? (SPC II-5)

- **ALTERNATIVE LIVING ARRANGEMENTS**—Federal regulations should require communities to develop alternative living arrangements, such as halfway houses and group homes, to be financed through private and public sources. (SPC II-5A)
- **SUPPORTIVE SERVICES**—Federal housing regulations should require the development of attendant care (part- or full-time), custodial care, medical and/or nursing care, trained house parents, and sufficient transportation services in local communities. (SPC II-5B)
- **SERVICES FOR THE SEVERELY DISABLED**—In developing transitional living arrangements, all levels of government should focus on the specific needs of the severely disabled (e.g., the need for personal attendant care services). (SPC II-5E)

What are the needed standards and design concepts for various kinds of housing facilities for the disabled? (SPC II-7)

- **ACCESSIBILITY STANDARDS**—All levels of government should require specific standards for both subsidized and unsubsidized housing including, at a minimum, such accommodations as widened doorways and hallways, lowered cabinets and sinks, accessible bathrooms with hand rails, and ramps and elevators where necessary. (SPC II-7B)
- **HOUSING LOCATION**—All government housing regulations should require that public services such as transportation, shopping, and recreation be accessible to housing for the handicapped. (SPC II-7C)
- **AWARENESS EDUCATION**—Federal funding should be provided to state and local agencies to develop and implement education programs for public officials, architects, and contractors to increase their sensitivity to the needs of the handicapped. (SPC II-7A)

How do we enforce the civil rights of handicapped persons as they relate to housing, and what should public policy state about the rights of handicapped persons who require specialized housing? (SPC II-13)

- **ENFORCEMENT OF SECTION 504**—Federal and state governments should enforce the Section 504 anti-discrimination provisions of the Rehabilitation Act of 1973. (SPC II-13E)
- **LEAST RESTRICTIVE ALTERNATIVES**—Federal and state policies should promote the rights of all handicapped persons to live in the least restrictive environments of their choice (SPC II-13A)
- **PROMOTE RIGHTS**—Federal, state, and local governments should designate either ombudsmen or advisory committees composed of consumers to promote the housing rights of the handicapped. (SPC II-13B)

What federal, state, and local agencies should provide housing subsidies, and who should be eligible for these subsidies? (SPC II-4)

- **FEDERAL HOUSING INCENTIVES**—The federal government should expand current housing policies to provide guaranteed mortgages to non-veteran disabled individuals and low interest loans and tax incentives to both disabled individuals and their landlords. (SPC II-4C)

• **REDUCE INCOME REQUIRED FOR SUBSIDIZED HOUSING**—Federal and state subsidized housing programs should lower currently required income limits for handicapped persons. (SPC II-4H)

• **PRIORITY FOR DISABLED IN SUBSIDIZED UNITS**—State and local housing authorities should give priority to the non-elderly disabled in allocating subsidized rental units. (SPC II-4A)

How can currently available housing be made more suitable for handicapped individuals? (SPC II-9)

• **INCENTIVES FOR ACCESSIBILITY**—The federal government should establish a variety of financial incentives such as tax rebates and/or deductions, low-interest loans, grants, and waivers of property tax increases for disabled consumers, their families, and builders who provide accessible housing. (SPC II-9A)

• **HOUSING ACCESSIBILITY/FLEXIBILITY**—Federal laws and regulations should ensure that all new, existing, and renovated federally funded housing meets national guidelines for accessibility, that current housing efforts such as the block grant and rent subsidy programs are expanded to provide flexibility for the development of community-based housing for the disabled, and that interdepartmental directives promote such flexibility. (SPC II-9B)

• **TRAINING HOUSING PROFESSIONALS**—All levels of government should develop education and training programs for a variety of housing-related personnel including building code inspectors, realtors, developers, architects, and engineers to increase their awareness in designing, providing, and certifying accessible housing for the handicapped. (SPC II-9D)

Who should be involved in the establishment and implementation of standards and design concepts? (SPC II-8)

• **PROFESSIONAL SCHOOL GRANTS**—Federal and state funding should be provided to schools of design, architecture, and engineering to develop curricula on barrier-free design and to promote research and demonstration projects on low cost production of standardized fixtures and facilities, with consultation from consumer organizations. (SPC II-8B)

• **HOUSING DESIGN STANDARDS**—Federal, state, and local governments should promulgate housing design standards and should appoint design committees composed of handicapped individuals and appropriate professionals for the purpose of developing and disseminating universal codes of accessibility and standards of design. (SPC II-8C)

• **INCENTIVES FOR ACCESSIBILITY**—Federal and state governments should provide tax incentives or rebates to contractors and landlords who make all new or existing buildings accessible to disabled persons. (SPC II-8A)

What should be the role and the responsibility of public and private agencies, the community, and the consumer in determining housing needs? (SPC II-2)

• **GROUP ELIGIBILITY**—Federal housing regulations should be amended to allow handicapped persons who reside together to qualify as a family unit and share the cost of attendant services. (SPC II-2H)

- **NON-PROFIT HOUSING**—Federal housing policy should be expanded to provide additional funding to the private nonprofit sector for developing housing for the handicapped. (SPC II-2I)

- **GUIDELINES FOR SEVERELY DISABLED**—Federal housing guidelines should be adjusted to provide more flexibility for severely handicapped individuals. (SPC II-2G)

How do we discover current needs and preferences and project future needs in the housing market for handicapped people? (SPC II-1)

- **HOUSING INTEGRATION**—Federal and state housing policies should promote the integration of handicapped with non-handicapped persons whenever possible. (SPC II-1D)

- **CENSUS SURVEY**—Federal, state, and local census and survey efforts should determine the number of handicapped persons. (SPC II-1A)

- **STATE AND LOCAL OVERSIGHT COMMITTEES**—State and local government should create consumer oversight committees consisting of two-thirds handicapped and one-third parents and others to participate in the planning and management of housing for the handicapped. (SPC II-1C)

Under what circumstances should handicapped individuals be segregated and/or integrated in public and/or private housing? (SPC II-6)

- **HOUSING ACCESSIBILITY**—All levels of government should enforce anti-discrimination laws and barrier-free requirements to ensure that handicapped people regardless of geographic location or severity of disability have full access to available and appropriate housing. (SPC II-6A)

- **COMMUNITY-BASED HOUSING LOCATION**—Local governments should ensure that community-based housing is located in close proximity to necessary facilities such as clinics, stores, and vocational training centers. (SPC II-6D)

- **LOW-INCOME HOUSING**—All federally funded low-income housing should include units for the handicapped, and local communities should ensure that the handicapped are placed in such units. (SPC II-6B)

How can interdepartmental policies and services be coordinated to facilitate independent living? (SPC II-10)

- **CONSUMERS ON INTERAGENCY COMMITTEES**—Federal, state, and local governments should create interagency committees with consumer participation. (SPC II-10A)

- **TITLE XX**—The federal government should use funds available under Title XX of the Social Security Act to facilitate interagency coordination of services to the handicapped. (SPC II-10B)

- **PUBLIC AWARENESS**—All levels of government should promote education programs in human service agencies for policy-makers and the general public to review available services and consider broadening or changing those services to cover more handicapped people. (SPC II-10C)

How can planning for deinstitutionalization and conversion to community paid-service systems include representation of the employees and unions of the institutions? (SPC II-14)

- **UNION ROLE IN DEINSTITUTIONALIZATION**—At federal and state levels, unions such as the American Federation of State, County, and Municipal Employees in conjunction with central labor councils and civil service commissions, should be invited to participate in all planning for deinstitutionalization. (SPC II-14A)

Special Concerns: Service Delivery Systems

How can we establish adequate training programs, accreditation, and licensing of service delivery personnel? (SPC III-3)

- **INDEPENDENT ACCREDITING AND LICENSING ENTITIES**—Independent accrediting and licensing boards or commissions should have substantial numbers of peers. Also, accreditation and licensing should involve field evaluations, consumer review, and on-site evaluation of service delivery personnel whenever feasible. Federal and state government agencies should establish regulations and standards for licensing examinations and/or accreditation. Reevaluation of skills should occur every five years. The advisory board of such an agency should include 50 percent consumer membership. (SPC III-3B)

- **PROFESSIONAL PROVIDERS**—State and local governments should provide qualified, competent service providers by aggressive recruitment of able individuals having special concern for disabled persons and ability to relate to others. To ensure teamwork in providing services, there should be specialized professional curricula at accredited institutions of education and continuing in-service training at appropriate facilities. (SPC III-3D)

- **EMPLOYMENT PRACTICES**—Federal, state, and local agencies should establish uniform employment practices and develop consistent job descriptions for service delivery personnel. These agencies also should establish model affirmative action plans for hiring handicapped workers. (SPC III-3A)

How can we get consumers involved in federal, state, and local goal-setting, implementation, and evaluation? (SPC III-7)

- **ELECTING CONSUMERS TO ADVISORY BOARDS**—All government and private agencies affecting handicapped individuals should have at least 50 percent consumer and/or parent/guardian membership elected to agency advisory or governing boards. Qualified disabled people should be given preference in positions of leadership or as consultants to advisory boards of service delivery agencies. (SPC III-7C)

- **CONSUMER COALITION**—A cooperative consumer coalition, representative of all disabilities, must be established to provide more support and power for all handicapped individuals. Funding should be provided by individual membership dues. Resources should be utilized to provide consumer information to legislative bodies. (SPC III-7A)

- **CONSUMER CONFERENCES**—State legislatures should provide authority and funding for annual consumer conferences under the auspices of the Governors' Committees on Handicapped individuals. Congress should provide authority for successive White House Conferences. (SPC III-7B)

How do we accomplish joint evaluation, as it pertains to service delivery, involving the service provider and the consumer in fostering accountability in administration, decision-making processes, and outcomes? (SPC III-8)

- **POLICY DEVELOPMENT**—Advisory committees of consumers, providers, and other interested individuals should be utilized as consultants for policy development, planning, evaluation, and budgeting of services delivered through rehabilitation centers and workshops, for specific disability groups, and for medical and psychological services. (SPC III-8B)

- **SERVICE DELIVERY PERSONNEL**—Federal, state, and local governments should train key agency personnel in the use of appropriate evaluation models. All evaluation programs must include consumer participation. Future funding applications by providers must include such appropriate evaluation programs as stated above. (SPC III-8D)

- **ACCOUNTABILITY AND EVALUATION**—State and local personnel should be required to fulfill responsibilities through adequate and critical supervision of their professional activities. Agencies should establish "quality control" offices to continually evaluate, set standards for, and improve programs and personnel. Such accountability should cover qualitative and quantitative aspects of delivery of services. (SPC III-8C)

How can existing federal programs be consolidated or modified so as to use savings in tax monies previously required for the development of human resources on a more efficient basis? (SPC III-10)

- **DEINSTITUTIONALIZATION**—Individuals should be placed in independent living or group home facilities as opposed to institutions or nursing homes so as to maximize individual function and minimize costs. (SPC III-10D)

- **COOPERATION AND COORDINATION**—Interagency rivalry should be discouraged, and coordination mechanisms instituted, to increase service delivery efficiently and reduce duplication. Federal legislation should be enacted that provides grants for state interagency councils to establish and direct coordinated human services. (SPC III-10A)

- **SUPPLEMENTAL SECURITY INCOME (SSI)**—The amount and type of SSI subsidy should be determined on an individual basis, and eligibility for payment should be based on individual need. Also, work disincentives related to SSI should be eliminated. (SPC III-10J)

What role should advocacy organizations play in service delivery? (SPC III-5)

- **ADVOCATE ROLE**—Advocates must maintain current information on services and legislation, disseminate such information, assist consumers in determining service needs and solving related problems, and refer consumers to appropriate individuals or agencies for resolution of problems and organization of lobbying efforts. (SPC III-5A)

- **ADVOCACY GROUPS ROLE**—Advocacy groups should perform roles covering public information and consumer referral as well as advising, evaluating, and monitoring service delivery systems. Such groups should serve as "friends of the court" in discrimination or non-compliance litigation or as co-plaintiffs in these legal procedures. (SPC III-5B)
- **PLANNING AND POLICY PARTICIPATION**—Advocacy organizations should be represented on advisory boards to federal and state service delivery agencies for the purpose of participating in development of agency policy, agency planning, and implementation of policies and plans (SPC III-5D)

How can we assure the delivery of quality services to handicapped individuals at the local level? (SPC III-1)

- **CENTRAL INFORMATION AGENCY**—Federal, state, and local governments should establish central information agencies to produce and distribute information concerning available services. Such agencies should include "hot-line" services and master files of all available services and would be resource centers for any individual or public or private agency (SPC III-1A)
- **TOTAL SERVICE DELIVERY SYSTEM**—Each state should create a coordinated total service delivery system to meet the needs of handicapped individuals from the time of diagnosis to geriatric age. This system should be based on clearly defined roles, responsibilities, and standards for programs and personnel at all levels. It should feature consumer and parent committees and an interdepartmental board to coordinate services. Also available should be family intervention and support, vocational rehabilitation, specialized services at the local level, and community-based social counseling programs. (SPC III-10)
- **AGENCY ADVISORY BOARDS**—Public and private service agency advisory boards must be strengthened and must include active participation by and involvement of handicapped individuals. These boards should hold public meetings for redress of grievances from organizations or individuals. (SPC III-1C)

How can we maximize the impact of research to improve service delivery? (SPC III-2)

- **STUDIES OF LONG-TERM NEEDS**—Support is needed for longitudinal studies of severely disabled individuals whose characteristics and needs change across their life spans. (Stochastic models and life table methodologies are appropriate techniques for this purpose.) Longitudinal or stochastic studies should be utilized to project costs of service utilization over the life span of American citizens in need of life-long service (SPC III-2D)
- **BIOMEDICAL ENGINEERING GRANTS**—Regulations should be developed for more extensive grants for research and for implementation of the results of such research in the field of biomedical engineering. (SPC III-2A)
- **DESCRIPTIVE DATA BASE**—Federal and state governments should establish and expand a descriptive data base for service delivery programs. This data base should be able to accommodate new data elements without distortion of existing descriptive systems. (SPC III-2B)

What is the validity of coordinating (or umbrella) agencies in service delivery? (SPC III-6)

- **SPECIALIZED SERVICES AND AGENCIES**—Rehabilitating handicapped persons demands special programs to avoid neglect of disabled persons in programs designed to serve all the people. Specialized agencies and programs are basic requirements. (SPC III-6B)
- **COORDINATING (OR UMBRELLA) AGENCY PERFORMANCE**—Such agencies can only work if individual service programs and disciplines maintain their integrity and do not become integrated. If umbrella agencies are to be effective and valid, it must be recognized that a single agency is not appropriate for every objective. (SPC III-6C)
- **SERVICE DELIVERY STUDY PROGRAM**—Study programs should be established at the federal level, and within each state, to determine the relative validity (effectiveness) of umbrella agencies and independent agencies in delivery of services to disabled persons. The studies conducted must be developed, reviewed, and implemented in concert with consumer and advocacy groups, legislative councils, and the general public. (SPC III-6E)

How can state commitment laws be written to maximize deinstitutionalization? (SPC III-4)

- **CIVIL AND LEGAL RIGHTS GUIDE**—A guide to legal and civil rights for children and adults with developmental disabilities and their parents or guardians should be prepared, published, and distributed. A pool of legal personnel should be developed to handle litigation for individuals or groups. The study of disabled persons' civil and legal rights should be a requirement in all law school curricula. (SPC III-4D)
- **AMERICAN BAR ASSOCIATION (ABA) TASK FORCE**—An ABA task force should be created with representatives from mental health and retardation agencies or organizations in order to propose alternatives to institutionalization, to increase the responsibility of guardians, to expand commitment laws to address more than one level of institutionalization, and to develop strict legislation in regard to child abandonment and neglect. (SPC III-4E)
- **STATUTORY INSTITUTIONALIZATION PROCEDURES**—Criteria should be established that enforce institutionalization (entry) and delineate a rationale for such commitment without required lunacy hearings. Statutes should mandate periodic administrative review allowing arbitration between institutional representatives and parents/guardians as to the status of the disabled individual. (SPC III-4C)

How do we assure goal-setting in rehabilitation and long-term care? (SPC III-9)

- **INTERDISCIPLINARY TEAMS**—State and local governments should establish legal mechanisms to assure goal-setting in long-term care through regulations and standards that require teams consisting of clients, parents, guardians, and appropriate professionals to review and evaluate achievement of goals and appropriateness of care. (SPC III-9B)

• **REHABILITATION PLACEMENT AND FOLLOW-UP**—State governments should extend to one year the presently required 60-day placement follow-up by divisions of vocational rehabilitation. In every state regional office additional staff should be employed to function as placement and follow-up counselors. (SPC III-9A)

• **TERRITORIAL SERVICE DELIVERY AGENCIES**—Federal funds (and territorial monies) should be made available to territorial governments to establish agencies to provide services to disabled residents of such areas. These agencies should be required to promote employment of disabled persons. (SPC III-9D)

How can we assure that the constitutional requirement of separation of church and state is met in providing publicly-supported counseling therapy, especially in matters of individual "heart and mind," and at the same time maximize individual opportunity for handicapped people to obtain counseling therapy in matters of "heart and mind" in line with their own religious beliefs? (SPC III-11)

• **INSURANCE COMPANIES SUPPORT COUNSELING**—Private insurance companies should be influenced to begin to support therapeutic counseling and psychotherapy on a broader scale to a greater degree. (SPC III-11B)

• **STUDY SUPREME COURT DECISIONS**—The U.S. Department of Justice and state attorney general's offices should begin a study of Supreme Court decisions that relate to the church and state issue. Recommendations should be made as to changes in funding, laws, rules, and regulations, in hiring, support, and provision of therapists, and in parameters of therapy. (SPC III-11A)

• **REDUCE TAXES**—Taxes should be reduced as payments to public agencies for psychotherapy are eliminated. A program of expense grants should be provided for individuals so that they can seek out their own therapists. (SPC III-11C)

Special Concerns: Civil Rights of the Handicapped

How do we insure the full enforcement of present civil rights legislation and how do we close the existing loopholes? (SPC IV-11)

• **AMEND 1964 FEDERAL CIVIL RIGHTS ACT**—The 1964 Federal Civil Rights Act should be amended to include handicapped individuals. (SPC IV-11A)

• **STAFF/FUNDING FOR ENFORCEMENT**—At federal, state and local levels adequate funding and staffing of enforcement organizations should be provided through legislation. (SPC IV-11C)

• **RIGHTS ENFORCEMENT**—The Congress should enact legislation to establish and fund, through continuous appropriations, a special division of the U.S. Department of Justice to protect civil rights of handicapped. The state legislatures should enact legislation to establish and fund, through continuous appropriations, special divisions of the state attorney generals' offices to protect civil rights of handicapped. (SPC IV-11F)

How can federal, state, and local anti-discrimination and affirmative action laws be most effectively enforced? (SPC IV-1)

- **1964 FEDERAL CIVIL RIGHTS ACT**—The Federal Civil Rights Act of 1964 should be amended to include physically and mentally handicapped persons including the visibly and invisibly handicapped. The jurisdiction of the Civil Rights Commission should be expanded to cover handicapped persons, and it should be required that handicapped persons be appointed to serve on the commission to oversee enforcement of anti-discrimination and affirmative action laws. (SPC IV-1A)

- **FUNDING**—Sufficient funding should be mandated at federal, state, and local levels to effectively enforce existing legislation, e.g., Congress must provide sufficient funds to the Department of Labor and to the Department of Health, Education, and Welfare to enforce Sections 503 and 504 of the Rehabilitation Act of 1973 (P.L. 93-112) in order to allow establishment of enforcement units in every state with capability to investigate and prosecute discriminatory acts. This capability may require enforcement mechanisms organizationally distinct from traditional civil rights units. (SPC IV-1D)

- **STATE HUMAN RIGHTS ACTS**—State human rights acts should be amended to protect handicapped persons in regard to such matters as public accommodations and equal employment opportunity. State legislation should be passed to establish special sections in the offices of state attorney generals to protect the civil rights of handicapped individuals. Each state should create an interdepartmental discrimination complaint unit. State and local compliance agencies should be strengthened and given adequate authority. State governments should withhold funds from local governments and agencies that discriminate against handicapped individuals. The enforcement units established should disseminate information about the civil rights of handicapped individuals. (SPC IV-1B)

How can we enforce the right to equal educational opportunity for handicapped citizens? (SPC IV-3)

- **MAINSTREAMING IN PUBLIC EDUCATION**—Mainstreaming of handicapped individuals in regular public education systems should be required at state and local levels. It should be demonstrated that mainstreaming reduces the need for specific segregated programs and allows exposure to needs of handicapped persons. Special help for integration into regular environments should be provided, as needed, at the state level. (SPC IV-3A)

- **ENFORCEMENT AT FEDERAL, STATE AND LOCAL LEVELS**—Strong enforcement of the Education for All Handicapped Children Act of 1975 (P.L. 94-142) should be mandated. A program to accelerate hearings and appeals proceedings where equal education opportunity laws are not enforced should be established at federal, state, and local levels. Funds should be withheld for non-compliance in education of handicapped individuals. (SPC IV-3B)

- **ACCESSIBLE PUBLIC EDUCATION FACILITIES**—At federal, state, local and private levels, public facilities, including public schools and colleges (administrative offices, classrooms, and dormitory buildings) should be accessibly constructed and located. (SPC IV-3C)

What can be done to insure that handicapped people are knowledgeable about their rights? (SPC IV-10)

- **PUBLIC AWARENESS**—State human rights agencies should initiate massive public education drives concerning state handicap discrimination laws. At federal, state, and local levels, public and private agencies should inform their clients of their rights. Teams of community people should be organized to go into consumers' homes to inform them of rights.

The federal Department of Health, Education, and Welfare and the Department of Labor should inform the handicapped about rights under Sections 503 and 504 of the Rehabilitation Act of 1973 by means of public service announcements over TV and radio.

Treatment, training, educational, and recreational facilities conducting educational programs should be required at federal, state, local, and private levels to inform the handicapped of their rights.

At the federal level, require a greater commitment by local and national mass media to carry specialized programming for the handicapped public. A rigorous media campaign should be initiated by federal, state, and local governments to show the many abuses of handicapped persons' civil liberties.

Federal and state service delivery agencies should inform consumers of rights associated with particular services. Executive departments at the federal, state, and local levels should disseminate information about rights.

Federal, state, and local government agencies should use appropriate means of communication to inform consumers of their rights when they apply.

At the federal, state, and local levels establish a clearinghouse for gathering and disseminating information to the public and making referrals. The role of the federal Office for Handicapped Individuals should be expanded.

At federal, state, local, and private levels establish public awareness campaigns about rights of the disabled.

At federal, state, and local levels initiate a blitz public education drive to inform the disabled of their rights through mass media, public agencies, and private organizations. The Federal Communications Commission, broadcasting networks, and the proposed National Institute for Handicapping Conditions all should be involved.

At federal, state, local, and private levels employers should be required to inform handicapped employees or potential employees (or be sanctioned for not doing so) of their job-related rights and resources.

More awareness days should be conducted.

All counselors at federal and state levels should be informed of consumer civil rights. Federal and state governments should prepare and distribute a comprehensive, readable summary (i.e., a handbook) of all the rights of handicapped individuals (SPC IV-10A).

- **CURRICULUM**—At the state level the teacher education curriculum should include a course on handicapped rights and special education teacher certification.

At state, local, and private levels public and private schools should require a course on handicapped rights. Federal and state departments of education should be mandated to require instruction on rights of handicapped as an integral part of the curriculum.

Federal and state governments and private bar associations should request that law schools initiate training to sensitize law school graduates to the needs and problems of the physically and mentally handicapped. The federal and state departments of education should develop and establish in the schools a course of study dealing with disabled persons and their rights as citizens. (SPC IV-10B)

- **STATE ADVOCATES' OFFICES**—States should enact laws to create legal advocates' offices to promote rights of handicapped individuals on a statewide basis. (SPC IV-10C)

How can we enforce the right of equal employment opportunity for handicapped citizens? (SPC IV-4)

- **AFFIRMATIVE ACTION AT FEDERAL, STATE, AND LOCAL LEVELS**—Federal and state compliance boards should be established to police affirmative action plans. State and local laws should be amended to add the mentally handicapped as a protected class.

There should be sufficient funding at the federal and state levels to enforce Section 504 of the Rehabilitation Act of 1973.

The state and territorial legislatures should pass laws providing for equal employment opportunity for handicapped persons in private and public contracts and should ensure that these laws are enforced.

At federal, state, local, and private levels the burden of proof should be on the employers under Sections 503 and 504 of the Rehabilitation Act of 1973. Section 504 of this law should be strictly enforced against all employers, not just recipients of federal funds.

The federal government should establish adequately staffed and funded single enforcement agencies in each state to investigate all complaints from handicapped individuals in regard to Sections 501, 502, 503, and 504 of the Rehabilitation Act of 1973.

At the federal and state levels affirmative action should apply to both government and private employers. State governments should adopt or enact into law affirmative action programs similar to those in Sections 501 (federal government) and 503 (federal contractors) of the Rehabilitation Act of 1973. (SPC IV-4A)

- **INDUCEMENTS FOR EMPLOYERS**—Federal and state tax relief and other aid to restructure plants or operations should be available to employers who hire handicapped persons at the earliest possible date. (SPC IV-4B)

- **COORDINATE IMPLEMENTATION OF SECTION 504**—Full and effective implementation of Section 504 of the Rehabilitation Act of 1973 should be accomplished through an interdepartmental coordinating body of federal agencies (including but not limited to the Departments of Housing and Urban Development, Transportation, Health, Education, and Welfare, Labor, and Justice). The President should appoint or Congress designate a lead agency for this body.

The charge to the coordinating body should be to assure that accountability is clearly defined and uniformly and equitably enforced. Additionally, the coordinating body should study and suggest methods for spreading the costs of accommodating severely disabled persons. (SPC IV-4KK)

What should the right to treatment in the least restrictive environment encompass, and how can it best be enforced? (SPC IV-7)

- **TREATMENT ALTERNATIVES**—Treatment alternatives that are readily accessible to the handicapped should be provided within the community. (SPC IV-7B)

- **TRAINING**—Federal and state governments should provide more non-residential treatment and training facilities, as well as in-service training for activity directors. (SPC IV-7A)

- **CIVIL COMMITMENT OPTIONS**—When civil commitment of a mentally handicapped person is considered (at the federal, state, or local level), there should be mandatorily available options ranging from tax-supported care in the home to institutionalization and including community mental health centers, boarding homes, and nursing homes. (SPC IV-7C)

What can be done to insure that handicapped people can exercise their right to vote? (SPC IV-8)

- **ACCESSIBLE POOLS, BOOTHS, AND BALLOTS**—Horizontal configuration voting machines and levers accessible to wheelchair voters should be provided as should braille or other identifying number labels so that handicapped persons can vote without assistance. An appropriate state agency should require that all political caucuses, registration places, polling facilities, and voter information materials are accessible to any person with a handicapping condition.

At federal, state, and local levels election supervisors and polling place workers should be informed and willing to provide minimum help to enable disabled persons to vote at the poll. A state law should be enacted providing braille on at least one voting machine per district and an assistant to enter the polling booth with a visually impaired voter if the person cannot work the machine alone. Officials should allow a family member to enter the booth with the handicapped individual to assist in voting.

Handicapped persons should be allowed to state their needs for assistance and to receive assistance without a letter or other justifying document from a physician or agency personnel. If a blind person or other handicapped individual needs assistance, he/she should be allowed to select any one of his/her choice to assist in the voting booth with no record being kept of such assistance.

Federal laws should be passed to require states to tailor absentee ballots to a person's handicap. A brailled ballot should accompany each regular absentee print ballot for use by visually-impaired voters. Voting regulations for persons with mental disabilities should simply and succinctly be explained. Federal, state, and local laws should allow the educable mentally retarded to vote.

Federal, state, and local governments should permit otherwise qualified consumers with guardians to vote. Local election commissioners should appoint handicapped individuals to monitor polling place accessibility. (SPC IV-8A)

- **FEDERAL AND STATE VOTING RIGHTS ACTS AND FEDERAL CIVIL RIGHTS ACT**—The 1965 Voting Rights Act and state laws should be amended to assure architectural accessibility of polls, the adoption of non-burdensome absentee balloting procedures, and the requirement that election boards make registrars available to the handicapped. The federal government should amend the 1964 Civil Rights Act to include

handicapped individuals. State and territorial legislatures should enact laws assuring the right of handicapped persons to vote, taking into consideration the effect of the handicapping condition on the ability to exercise that right. (SPC IV-8B)

- **VOTE AT HOME**—Federal, state, and local governments should allow absentee voting by handicapped individuals or should permit a polling official to go to the residence of a handicapped individual. (SPC IV-8C)

What are the ways to accommodate the needs of institutionalized persons for occupations in light of the court ruling that these persons cannot work unless paid? (SPC IV-5)

- **LEAST RESTRICTIVE LIVING**—At the federal and state levels, vocational rehabilitation services should be mandated for all handicapped persons, including the profoundly mentally retarded and the multiply handicapped in institutions. The goal for severely handicapped persons should be "least restrictive living" rather than "substantial gainful employment," and should provide momentum toward mainstreaming in the community. (SPC IV-5B)

- **WORK BY RESIDENTS AT MINIMUM WAGE**—As job training, institutional residents should do as much of the institutional work as possible. They should be reimbursed commensurately. (SPC IV-5A)

- **VOCATIONAL AND ON-THE-JOB TRAINING**—Federal grants from vocational education, vocational rehabilitation, and/or Comprehensive Employment and Training Act (CETA) programs should be provided to enable colleges and vocational-technical schools to offer short-term job training programs for institutionalized persons. (SPC IV-5E)

What role can handicapped people play in legal advocacy? (SPC IV-2)

- **LOBBY GROUPS**—Disabled persons, their relatives, and service providers should organize lobby groups at the state and federal levels in order to encourage Congress and state legislatures to enact beneficial legislation and in order to foster more communication and mutual support among local groups. (SPC IV-2A)

- **FUNDING FOR ADVOCACY/LEGAL PROGRAMS**—Advocacy programs should be funded by state and federal governments to serve as both information and legal resources. Handicapped individuals should seek federal funding to establish legal centers and services and to underwrite legal fees of economically needy handicapped individuals. Alternatively, existing handicapped groups, through attorneys, could collectively sue and pay for legal costs themselves. (SPC IV-2D)

- **CONSUMER ADVOCACY COMMITTEES**—Federal and state government agencies (like federal and/or state advocates offices) should fund and create consumer advocacy committees or councils (consisting of consumers, service providers, and legislators) concerned with the rights of the disabled. These committees or councils would offer advice, help set priorities, and devise strategies for enforcement of civil rights laws and other laws and programs for the handicapped. (SPC IV-2B)

How can we implement the right to equal access to buildings and transportation systems for handicapped persons at the federal, state, and local levels? (SPC IV-6)

• **FEDERAL/STATE/LOCAL COMPLIANCE BOARDS**—Federal, state, and local architectural and transportation barriers compliance boards should be established and/or funded with adequate enforcement mechanisms. State attorney generals and local district attorneys shall enforce accessibility laws. Federal, state, and local laws must be enacted, stating that buildings, not found complying with existing and future accessibility laws, would be ineligible to receive future funding until facilities were found accessible (useable and functional). (SPC IV-6A)

• **ACCESS AS A CIVIL RIGHT**—Federal, state, and local accessibility statutes shall be enforced as civil rights statutes (i.e., accessibility is a civil right) with a private right to sue. The Rehabilitation Act of 1973 (as amended in 1974) should be clarified, including its regulations to assure architectural and transportation accessibility as a civil right relating to publicly-used buildings, vehicles, and transportation systems and services. The Civil Rights Act of 1964 should be amended to make architectural and transportation (i.e., environmental) accessibility a civil right for all publicly-used buildings and transportation vehicle systems and services.

The Civil Rights Act of 1964 must be amended to recognize and include the disabled as a minority group by adding the word 'handicapped'. The federal government should be required under the equal protection clause of the Constitution to demand that all architectural barriers be eliminated. (SPC IV-6B)

• **ACCESSIBLE PUBLIC TRANSPORTATION**—At federal, state, and local levels mandate that all public transportation (urban, rural, and interstate) shall be accessible to handicapped persons. (SPC IV-6D)

What must be done to insure that handicapped persons can marry and procreate and can rear both natural and adopted children? (SPC IV-9)

• **HANDICAPPED RIGHT TO MARRY**—State legislatures and enforcement agencies should review and amend state laws regarding the rights of physically and mentally handicapped individuals (including elderly and nursing home persons) to marry and procreate and to rear both natural and adopted children in compliance with the federal Constitution. (SPC IV-9A)

• **AWARENESS CAMPAIGN**—An awareness campaign should be conducted at federal, state, and local levels to show that handicapped persons have the same basic needs as the non-handicapped and that the handicapped should not be discriminated against. Health professionals should be educated at federal and state levels through publications and school curricula concerning the rights of handicapped persons to marry and procreate and to rear natural and adopted children. (SPC IV-9B)

• **MARRIAGE/PARENTAL RIGHTS**—Federal and state legislatures should take appropriate action to reaffirm the civil rights of handicapped persons with respect to marriage, family, and adoption of children. It is also suggested that existing state laws regarding the termination of parental rights be expanded to protect the civil rights of handicapped persons. (SPC IV-9C)

What can be done to insure that an individual's civil rights are not violated in contacts with law enforcement agencies? (SPC IV-16)

- **AVAILABLE LEGAL SERVICES**—At state and local levels legal services for the disabled should be available from persons knowledgeable of their needs. (SPC IV-16A)

- **LAW ENFORCEMENT OFFICERS TRAINING**—At state and local levels law enforcement officers should be trained to (1) handle mentally ill or retarded persons, (2) communicate with the deaf and/or their interpreters, (3) identify persons with physical or mental problems that may affect their actions, and (4) update techniques. (SPC IV-16B)

- **COOPERATION**—At state and local levels there should be greater cooperation between law enforcement personnel and service providers. (SPC IV-16C)

What can be done to eliminate communication barriers that hinder disabled persons in achieving their civil rights? (SPC IV-14)

- **PUBLIC AGENCY SIGN LANGUAGE**—All public agencies and hospitals should have sign language interpreters available upon request for clients or visitors. (SPC IV-14A)

- **THE FEDERAL COMMUNICATIONS COMMISSION**—The Federal Communications Commission should use the decoder RM 2616 as regular broadcasting equipment and ensure that all television Civil Defense broadcasts and news broadcasts are signed or captioned by the RM 2616 for the deaf. (SPC IV-14B)

- **TELEPHONE RATES**—All adaptive telephone equipment should be provided at rates comparable to those charged for ordinary equipment. Adaptive equipment should be part of the usual stock of supplies maintained by communications companies. (SPC IV-14D)

How can the rights of institutionalized people of all ages, regardless of the nature or degree of disability, be protected? (SPC IV-20)

- **DUE PROCESS**—Institutional admission and retention procedures must be established that assure that all due process rights are provided to persons who are institutionalized and that the quality of care, treatment, (re)habilitation, safety, comfort, and welfare is fully assured. (SPC IV-20B)

- **ACCOUNTABILITY PROCEDURES**—Permanent investigatory agencies with full power of subpoena, oath-giving, and compelling attendance should be established for the purpose of holding institutions, their administrators, and their employees accountable. (SPC IV-20C)

- **VOTING**—Ongoing and meaningful voter registration and education programs must be undertaken at all institutions, public and private, along with implementation of safeguards to assure that all who wish to vote can do so without coercion or exclusion. (SPC IV-20A)

How can agencies serving individuals with disabilities provide for adequate representation of such individuals on and at their governing boards? (SPC IV-24)

- **CLIENT FEEDBACK**—Agencies which serve individuals with disabilities should have a client feedback procedure. (SPC IV-24A)

• **DISABLED INPUT**—Agencies that service individual clients on a short-term basis should provide for adequate representation of individuals who are being served, or have previously been served, at their governing board meetings and on policy-making levels. (SPC IV-24B)

• **DISABLED INPUT**—Agencies that serve individual clients on a long-term basis should provide for adequate representation of such individuals at their governing board meetings and on policy-making levels. (SPC IV-24C)

How do we assure full enforcement of a handicapped citizen's right to serve on juries and be protected as a criminal defendant? (SPC IV-19)

• **JURY SERVICE**—At federal, state, local, and private levels appropriate help (interpreters for the deaf, etc.) should be provided so that handicapped persons can sit on juries. Exclusions should not be made just because a prospective juror is handicapped. (SPC IV-19A)

• **CRIMINAL DEFENDANT'S RIGHTS**—Appropriate help should be provided so that a handicapped defendant can understand the court proceedings. A jury of such a defendant's peers should be expected to include handicapped individuals. (SPC IV-19B)

How can we assure that handicapped individuals are not discriminated against by insurance businesses? (SPC IV-12)

• **LACK OF RISK DATA**—Since the insurance business relies heavily on actuarial conditions, the lack of risk data or unreliable risk data should not be allowed as an excuse for not providing insurance. If necessary, federal and state government guarantees should be provided to assure that insurance coverage is available to handicapped individuals. (SPC IV-12A)

• **HIGH-RISK INSURANCE/MEETING**—Statewide meetings should be held with state commissioners of insurance to see that insurance requirements call for imposition of higher rates only when a particular individual is shown to be a high risk or when persons with very special handicaps are shown to fall within a high-risk category. (SPC IV-12B)

How can we ensure delivery of goods and services to persons with disabilities? (SPC IV-22)

• **HOME SHOPPING AND DELIVERY**—Stores should put more emphasis on home shopping and delivery. (SPC IV-22A)

• **PERIODIC REVIEW OF NEEDS**—Social service agencies should check with the homebound on a periodic basis to determine what services are needed. (SPC IV-22C)

• **TELETYPEWRITER ORDERING SERVICE**—A central telephone and teletypewriter ordering service should be established. (SPC IV-22B)

How can we help the deinstitutionalized citizen achieve his or her full rights? (SPC IV-21)

• **AFFIRMATIVE ACTION**—Emphasis should be given in affirmative action programs to the protection of the human, civil, and constitutional rights of deinstitutionalized persons. (SPC IV-21A)

• **COUNSELING**—Counseling should be provided to deinstitutionalized individuals and their families in regard to problems of coping with

themselves and society. Such counseling should focus on role identification, interpersonal contacts, and social, emotional, and physical needs. Peer counseling should be encouraged. (SPC IV-21B)

How can we ensure to the consumer with a disability sufficient control over those who fulfill his or her home care needs? (SPC IV-23)

- **SELF-DETERMINATION**—The disabled person should choose those who are to provide primary home care services. (SPC IV-23A)
- **DIRECT FUNDING TO CONSUMER**—Funds for such services should be dispensed through the individual with the disability. (SPC IV-23B)

In a time of increasing public awareness of the special needs of all handicapped people, what innovative approaches may be taken by the President of the United States to demonstrate the genuine interest of the President, to develop new and creative approaches to elimination of psycho-social and architectural barriers, to coordinate among executive departments, the implementation of laws and other mandates pertaining to the handicapped, and to influence new congressional action(s)? (SPC IV-15)

- **PRESIDENTIAL ADVISOR**—The President should appoint a special advisor to the President for affairs of the handicapped or should designate a representative of the handicapped to serve on the President's Domestic Council for the purpose of communicating directly with the President and various Cabinet members, ensuring inter-departmental cooperation and coordination, influencing the various departments in their legislative proposals, recommendations, and amendments and influencing their reactions to legislation, and ensuring prompt, full, and complete departmental implementation of Congressional actions. (SPC IV-15A)

- **ASSISTANTS FOR CABINET MEMBERS**—The President should instruct Cabinet members that each one should have a handicapped person on his or her staff whose sole responsibility would be to ensure that all possible intradepartmental cooperations and coordinations are implemented to the advantage of the handicapped so that the special psycho-social and/or architectural barriers so affecting handicapped do not occur. (SPC IV-15B)

What can be done to assure provision of services without discrimination? (SPC IV-13)

- **ROLE OF HANDICAPPED**—Handicapped individuals should be included in the development of guidelines and quality control systems. (SPC IV-13A)
- **QUALITY CONTROL**—The Department of Health, Education, and Welfare should develop a quality control system to assess services provided on some basis other than numbers served. This would eliminate the discriminatory system of selecting easy cases to meet quotas. (SPC IV-13B)

How can the civil and criminal justice systems be improved to deal with handicapped people? (SPC IV-17)

- **TRAINING OF LAW ENFORCEMENT OFFICIALS**—Training for police, judges, and lawyers should include courses on how to deal with and understand various handicapping conditions. (SPC IV-17B)

• **MENTAL INSTITUTION RESIDENT REVIEW**—State departments of social and health services should conduct quarterly reviews of the situations of handicapped persons committed to mental institutions. (SPC IV-17A)

How can discrepancies in benefits for similarly situated veteran and non-veteran handicapped individuals be removed? (SPC IV-18)

• **VETERAN VERSUS NON-VETERAN HANDICAPPED**—Discrepancies in benefits for veteran and non-veteran handicapped individuals should be removed by ensuring their comparability. (SPC IV-18A)

Special Concerns. Unique Problems of Handicapped Minorities

How can we incorporate cultural awareness training in the already existing training programs for providers of services to handicapped individuals? (SPC V-2)

• **TRAINING BY HANDICAPPED MINORITIES**—Handicapped minority representatives should coordinate resources and provide training to agencies servicing handicapped minorities. (SPC V-2B)

• **CULTURAL AWARENESS TRAINING FOR SERVICE PROVIDERS**—The federal government should fund cultural awareness training programs that would be mandatory for all deliverers of services to the handicapped. This training should be conducted totally by minority handicapped individuals in the communities in which minorities reside. (SPC V-2A)

• **CULTURAL AWARENESS TRAINING IN FEDERAL PROGRAMS**—Cultural awareness training should be provided in all federally funded programs as a condition for grant approval. (SPC V-2F)

How can the negative attitudes of minorities and toward minorities be altered so that services to handicapped individuals in these special populations are more successful? (SPC V-3)

• **EXPOSURE OF SUCCESSFUL HANDICAPPED MINORITY INDIVIDUALS**—Federal, county, and city government agencies should make the public aware of the achievements of those handicapped minority individuals who are succeeding in positions of responsibility such as administrators, auditors, accountants, attorneys, etc. (SPC V-3A)

• **MINORITY INVOLVEMENT**—Members of minority groups should be involved in the design, delivery, and evaluation of services to minority handicapped individuals. (SPC V-3F)

• **INCREASE NUMBERS OF COMPETENT MINORITY PERSONNEL**—Agencies serving minority handicapped individuals should increase their employment of professional and technically competent minority personnel. (SPC V-3D)

What can be done to eliminate communication and language barriers in public information programming that hinder the provision of successful services to handicapped minorities? (SPC V-5)

• **MULTILINGUAL STAFFING**—Public and private service agencies should be staffed with multilingual individuals from various cultural backgrounds. (SPC V-5A)

• **BILINGUAL RADIO AND TV PROGRAMS**—The Federal Communications Commission should mandate the development of bilingual and captioned radio and television programs, as well as other forms of media, in order to disseminate information to handicapped minorities. (SPC V-5B)

• **MULTILINGUAL TESTING OF CHILDREN**—Multilingual testing should be available for all handicapped children in need of such services. (SPC V-5F)

What system can be established to insure an ongoing evaluation of services to minority handicapped individuals? (SPC V-6)

• **MINORITY INVOLVEMENT**—Provide for the inclusion of minority group members in the design of evaluation systems. (SPC V-6C)

• **INTER-AGENCY STAFF**—An independent inter-agency monitoring staff should be developed to evaluate services to handicapped minorities. (SPC V-6D)

• **PRIVATE "WATCHDOG" AGENCY**—A private agency made up of handicapped persons should be established to evaluate services to handicapped non-whites. (SPC V-6A)

How can we assure services to handicapped Asian-Americans, blacks, Native Americans, and those with Spanish ancestry that are responsive to their cultural differences? (SPC V-1)

• **OUTREACH PROGRAMS**—Federal funding should be provided for outreach programs on all levels to insure that available services are known and provided to handicapped minorities. (SPC V-1E)

• **AFFIRMATIVE ACTION IN HIRING**—There should be affirmative action in hiring and placement of handicapped minorities to allow more handicapped minority individuals to become economically independent. (SPC V-1A)

• **CULTURAL AWARENESS TRAINING FOR SERVICE PROVIDERS**—The federal government should fund cultural awareness training programs that would be mandatory for all deliverers of services to the handicapped. This training should be conducted totally by minority handicapped individuals in the communities in which minorities reside. (SPC V-1B)

What research mechanisms should be made available so that minority handicapped individuals can be identified and served? (SPC V-4)

• **SPECIALLY TRAINED MINORITY PERSONS**—Specially trained minority persons should be utilized to identify by questionnaires, surveys, and interviews persons with special needs. (SPC V-4D)

• **STATEWIDE INFORMATION PROGRAM**—A statewide information program should be established to inform the general public, and in particular minority clubs, organizations, and churches of services available to the minority handicapped. (SPC V-4B)

• **DATA COLLECTION SYSTEMS**—Data collection systems should be developed at the state and federal levels that would not only indicate incidence of handicapping conditions among various minority groups but would also extract other available information affecting the minority handicapped. (SPC V-4C)

Special Concerns: Unique Problems of Disabled Veterans

What steps can be taken to retain disabled uniformed military personnel in military service when feasible instead of referring these individuals to the Veterans Administration (VA) and returning them to civilian life? (SPC VI-11)

- **MODIFY MILITARY REGULATIONS**—The Department of Defense should review medical standards for military assignments, place disabled military personnel in non-combatant jobs, extend programs for rehabilitating alcoholics to other disabled groups, institute a program of retraining and reassigning handicapped personnel, give disabled servicemen the option of discharge or retraining and reassignment to limited duty jobs, and consider transferring military jobs to civil service. (SPC VI-11A)

- **AFFIRMATIVE ACTION**—The federal government should require the Department of Defense to comply with affirmative action provisions of the Rehabilitation Act of 1973. (SPC VI-11D)

- **RETRAINING BY THE MILITARY**—Congress should develop an experimental program utilizing special or VA funds to encourage the military to train and reassign personnel who become handicapped while on active duty. (SPC VI-11B)

How can job placement of disabled veterans be improved and integrated into existing job placement systems? (SPC VI-3)

- **CASE CLOSURE**—The Veterans Administration (VA) should monitor and upgrade its efforts to train and place disabled veterans by such means as (a) eliminating time limitations for education and training, (b) discouraging "case closure" until job placement is accomplished, (c) mandating counseling of all disabled persons at discharge, and (d) extending training in semi-skilled, skilled, and technical areas. (SPC VI-3B)

- **ASSURE EQUAL OPPORTUNITY**—The equal opportunity laws (e.g., the affirmative action provisions of the Rehabilitation Act of 1973) should be enforced at the federal and state levels by such means as withholding funds from agencies that discriminate against the handicapped, requiring firms to hire a specific percentage of handicapped individuals, and establishing specific goals and timetables for implementation of equal employment opportunity programs. (SPC VI-3A)

- **SEMINARS ON EMPLOYMENT SKILLS**—The VA should place an employment specialist in every regional office to deal exclusively with employment development for severely disabled veterans. This employment specialist should be required to conduct seminars on work-related skills including interviewing for jobs, resume writing, etc. (SPC VI-30)

What measures are necessary to insure comprehensive counseling services for disabled veterans? (SPC VI-6)

- **COUNSELING AND REFERRAL**—The Veterans Administration (VA) should coordinate and standardize all counseling services at the federal and state levels, outlining geographic and other differences among programs. The agency should establish and publish procedures for referral of disabled veterans to appropriate community agencies, including provisions for contracting with private agencies. (SPC VI-6A)

• **REHABILITATING THE SEVERELY DISABLED**—The VA should develop guidelines for rehabilitating severely disabled individuals extending standards of eligibility for this group, allocating funds for rehabilitation of special severely disabled groups, and instituting on-the-job training programs. (SPC VI-6G)

• **MANDATORY COUNSELING**—The VA should mandate that all disabled veterans receive extended counseling, including examination by board-certified psychiatrists. Counseling should include follow-up services and services to families. (SPC VI-6B)

What measures are required to improve the image of disabled veterans? (SPC VI-8)

• **MULTI-MEDIA PRESENTATIONS**—The Veterans Administration (VA) should cooperate with other agencies serving the handicapped to develop a public and employer education program concerning the advantages of employing handicapped personnel. (SPC VI-8A)

• **VETERANS EDUCATION/JOB TRAINING**—The VA should emphasize concurrent education and on-the-job training to increase the effectiveness of disabled veterans. (SPC VI-8C)

• **VETERANS CAPABILITIES**—Multi-media presentations should emphasize the capabilities of disabled veterans. (SPC VI-8G)

How can coordination of all federal and state services to disabled veterans be established? (SPC VI-7)

• **SERVICES COORDINATION**—The Veterans Administration (VA) should upgrade the quality and skills of its rehabilitation counselors and should improve its cooperation with state and community vocational agencies by publishing a comprehensive directory of all services available to disabled veterans that identifies gaps and overlaps. (SPC VI-7A)

• **DUAL ELIGIBILITY**—Congress should refrain from incorporating veterans programs in programs run by the Department of Health, Education, and Welfare (HEW) but should permit veterans to take advantage of non-VA state medical and vocational rehabilitation programs. (SPC VI-7B)

• **FEDERAL PROGRAMS COORDINATION**—The federal government should consolidate all vocational rehabilitation programs and mandate both the VA and HEW to coordinate their activities with those of other federal agencies. (SPC VI-7D)

How can the Veterans Administration (VA) insure that disabled veterans are aware of all services and benefits? (SPC VI-5)

• **VETERANS SERVICE OFFICERS**—The VA should provide funding or support state funding to hire veterans service officers to inform veterans of rights and benefits. (SPC VI-5C)

• **VA BENEFITS AWARENESS**—The VA should provide coverage of VA rights and benefits at the local level by such means as (1) conducting meetings in all communities, (2) regularly updating information given to regional public affairs officers, (3) stressing the role of service officers, and/or (4) expanding public awareness campaigns and public relations budgets. (SPC VI-5A)

- **HOT LINES**—The VA should establish or coordinate statewide hot lines for veterans and other handicapped persons such as Alaska's Zenith number. (SPC VI-5G)

What measures must be taken to insure that proximity, need for, and quality of medical services for veterans match those of the private sector? (SPC VI-2)

- **OUTPATIENT SERVICES**—The Veterans Administration (VA) should increase and expand outpatient services by establishing more satellite clinics, utilizing traveling vans, and extending mental health programs. (SPC VI-2A)

- **VA HOSPITAL STAFF**—The VA should allocate funds to increase manpower in VA hospitals, especially for such services as annual physicals, dental examinations, and follow-up care. (SPC VI-2D)

- **EMERGENCY MEDICAL SERVICES**—The VA should issue identification cards to eligible veterans that would automatically authorize fee-basis emergency medical and/or hospital care, including medications. (SPC VI-2K)

What methods can be established within the Veterans Administration (VA) to insure ongoing evaluation of services? (SPC VI-1)

- **VA REVIEW COMMISSION**—The law should establish a special commission composed of handicapped veterans and representatives of the major veterans organizations to review services offered and to make recommendations for improvement of these services. (SPC VI-1A)

- **VETERANS EMPLOYMENT/HEALTH**—The VA should administer questionnaires to veterans one year after discharge to ascertain employment and health status. A follow-up study should be conducted one year later. (SPC VI-1B)

- **PSYCHOSOCIAL NEEDS**—The VA should extend indefinitely existing periods of follow-up services to assure the eradication of unforeseen psychosocial problems. The VA also should provide additional assistance for social programs to ease the re-entry of the Vietnam veteran into "normal" society. (SPC VI-1C)

How can existing legislation related to employment of disabled veterans be disseminated and implemented? (SPC VI-10)

- **PUBLIC INFORMATION**—The Veterans Administration (VA) should utilize news media to interpret existing legislation regarding disabled veterans and other handicapped persons to the general public and prospective employers and should present the rights of disabled veterans through workshops or other means. (SPC VI-10A)

- **AFFIRMATIVE ACTION**—The VA should enforce compliance with federal affirmative action legislation by maintaining records on and supervising activities of both VA and state vocational counselors, offering incentives to employers who hire the handicapped, requiring government agencies to set a good example, and following up on employment records regarding the handicapped. (SPC VI-10B)

- **JOB TRAINING/PLACEMENT**—Congress should extend the responsibility of the VA beyond vocational counseling and training to include job placement and should fund more on-the-job training programs that are mutually beneficial to veterans and employers. (SPC VI-10C)

What methods can be established within the Veterans Administration (VA) to insure ongoing evaluation of services? (SPC VI-4)

- **INCOME RESTRICTIONS**—Congress should eliminate or reduce income restrictions on non-service-connected pensions by (1) establishing a sliding scale for employed disabled veterans with a floor above the combined VA and Supplemental Security Income (SSI) payments, (2) waiting one year after employment before reducing pensions, (3) separating eligibility from earning power, and (4) separating entitlement to medical care, supplies, and equipment from receipt of pension payments. (SPC VI-4A)

- **AFFIRMATIVE ACTION**—The federal government should insure that all government agencies, especially the Civil Service Commission, the Department of Labor, and the Veterans Administration, enforce the affirmative action provisions and programs of the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974 (SPC VI-4B)

- **COORDINATION**—The VA should take the initiative to coordinate activities of the state departments of vocational rehabilitation, public employment offices and the Department of Defense by establishing a council to provide information to veterans on benefits, instituting a job development program, and developing a plan of referral for when veterans benefits cease (SPC VI-4C)

How can the Veterans Administration (VA) improve coordination of research with other public and private endeavors? (SPC VI-9)

- **RESEARCH FUNDING**—The VA should broaden citizen participation in research funding and allocations by utilizing local and regional committees and should exchange information with medical school research departments and private research laboratories (SPC VI-9A)

- **FUNDING CONTROL**—The VA should retain control of the allocation of research funds and projects to medical schools, universities, and private institutions. (SPC VI-9B)

- **RESEARCH REDUCTION**—The VA should significantly reduce research programs that can be carried out by other public and private organizations and should redirect former research funds to insure high quality medical and related care (SPC VI-9C)

What measures are necessary to improve non-service-connected veterans' health care and pension benefits? (SPC VI-12)

- **NON-SERVICE-CONNECTED PENSIONS**—Congress should amend existing laws to insure that increases in one benefit do not reduce other benefits and should extend all non-service-connected benefits to include medical care, drugs, and the Civilian Health and Medical Program of the Veterans Administration for wives and dependents (SPC VI-12A)

- **CHRONIC ILLNESS**—Congress should change provisions in legislation for veterans non-service-connected disability benefits that require that health services be discontinued when the individual's medical condition stabilizes (SPC VI-12B)

Special Concerns: Unique Problems of the Handicapped Aging

In what ways can we make the public aware that the handicapped aged have special needs different from those of aged individuals who are able-bodied? (SPC VII-8)

- **TV AND MEDIA**—Television and other media should be utilized to familiarize the public with the special needs of the handicapped aged and to illustrate the potential for helping them (SPC VII-8A)
- **OUTREACH PROGRAMS**—The handicapped aged should be included in outreach programs. (SPC VI-8R)
- **PUBLIC EDUCATION**—The public should be educated about the special needs of the handicapped aged as early as the primary, middle, and secondary school levels. (SPC VII-8C)

What kind of a special income maintenance could be provided for those individuals who are both aged and handicapped? (SPC VII-3)

- **SSI EXPANSION**—The Supplemental Security Income program should be expanded to provide additional special income maintenance for the handicapped aged. For those already in the program, there should be additional exclusions for items such as attendant care. (SPC VII-3B)
- **MEDICARE AND MEDICAID EXPANSION**—Medicare and Medicaid benefits should be expanded to include prostheses, eyeglasses, hearing aids, dentures, medication, attendant care, and outpatient services. (SPC VII-3A)
- **NATIONAL HEALTH PROGRAM**—For handicapped citizens of all ages, the federal government should establish a national comprehensive health program that allows special payments for special needs. (SPC VII-3D)

What action can be taken to allow handicapped aged individuals to remain actively employed, if they so desire, without a means test within the Social Security System? (SPC VII-1)

- **FEDERAL LEGISLATION**—Congress should enact employment legislation that allows persons, regardless of age, to remain actively employed without a means test. (SPC VII-1A)
- **REMOVE EMPLOYMENT BARRIERS**—Government agencies should remove employment barriers against the handicapped aged, providing the same job considerations and opportunities given to persons under other federal and state programs. (SPC VII-1C)
- **MANDATORY RETIREMENT LAWS**—State and federal mandatory retirement laws should be changed and replaced with choice-to-work laws. (SPC VII-1D)

How do we assure that the special needs of aged handicapped individuals are provided for under the present housing acts? (SPC VII-4)

- **HOME CARE**—The "home care" concept of service delivery should be expanded to assist disabled persons to remain in their own homes and avoid institutionalization. (SPC VII-4K)

• **HOUSING FOR THE AGED HANDICAPPED**—The federal government should provide federally funded housing for the aged handicapped with built-in special equipment to aid mobility, i.e., wheelchair ramps, hand railings, visual aids, etc. (SPC VII-4A)

• **SPECIAL LEGISLATION**—The federal government should enact and strictly enforce legislation assuring that the aged handicapped are completely covered under the Housing Act. (SPC VII-4I)

How can differential appropriations necessitated by such special needs as housing, transportation, and training be supported and provided for by federal, state, and local government? (SPC VII-5)

• **VOCATIONAL REHABILITATION**—The functions of vocational rehabilitation agencies should be amended by federal and state directives to meet the needs of the handicapped aged. (SPC VII-5A)

• **GRANTS**—Department of Transportation grants to cities and rural areas should be utilized for development of special transportation programs for the aged handicapped. (SUC VII-5E)

• **SPECIAL NEEDS SUPPORT**—Revenue-sharing and amendments to current federal and state legislation should be utilized to support such special needs as housing, transportation, and training. (SPC VII-5G)

Given that employment for the aged is provided for under Title IX of the Older Americans Act and under the Comprehensive Employment and Training Act, how can we assure that direct appropriations are set aside specifically for the handicapped aged under these acts? (SPC VII-2)

• **OLDER AMERICANS ACT**—The Older Americans Act should fund the development and implementation of the following priority services: (1) adult day care centers and facilities that provide an alternative to institutionalization by offering supportive protective, and rehabilitative services to aged handicapped persons, (2) preventive health services that promote the early identification and treatment of disabilities, and (3) protective services that include legal and consumer advocacy for aged handicapped. (SPC VII-2H)

• **ACCESSIBILITY**—All programs funded through the Older Americans Act must be located in physically accessible buildings and sites to accommodate the handicapped aged. (SPC VII-2A)

• **FUNDING LEGISLATION**—Legislation involving the handicapped aged should be structured in such a way that appropriations are line-item budgeted to provide specific funding. (SPC VII-2C)

How can we assure that training programs for providers of services are redesigned to include specialization in the problems of the handicapped elderly? (SPC VII-7)

• **AGED AS RESOURCE PERSONS**—The handicapped aged should be used as consultants, resource persons, and/or instructors in training programs. (SPC VII-7C)

• **INCENTIVE GRANTS**—Incentive grants should be made available to training institutions to encourage the development of training programs that focus on handicapped aged. (SPC VII-7A)

- **SPECIAL TRAINING**—Formal education and training of health care personnel and social service personnel must include course material dealing with both aging and disability and must stress the importance of rehabilitation services. (SPC VII-7D)

What systems can be established to insure ongoing evaluation of services to aged individuals who are handicapped? (SPC VII-9)

- **PLANNING AND DELIVERY OF SERVICES**—Handicapped aging persons should be involved as consumers in the planning and delivery of services. (SPC VII-9A)

- **EVALUATION COMPONENT**—All programs serving the handicapped aged should have built in evaluation components. (SPC VII-9H)

- **IDENTIFY APPROPRIATIONS**—The Older Americans Act should be monitored so that appropriations for the elderly handicapped are specifically identified. (SPC VII-9D)

How can we guarantee that special legal services are provided for all aged persons who are mentally handicapped? (SPC VII-6)

- **LEGAL SERVICES AGENCIES**—Existing agencies with legal services components should be encouraged to deal with the problems of aged mentally handicapped individuals. (SPC VII-6D)

- **PUBLIC GUARDIAN**—A public guardian law that adequately protects the rights of the handicapped aged should be enacted. (SPC VII-6G)

- **LEGAL AID**—Legislation, modeled after P.L. 94-103, should be passed to provide legal aid to all handicapped individuals and provide funding to implement the proper usage of the law for the mentally handicapped. (SPC VII-6C)

SUMMARY OF RESOLUTIONS

At workshops, state caucuses, open forums, and other meetings during the national conference, 156 resolutions were developed to complement or add to the recommendations that had been prepared prior to the conference and were printed in delegates' workbooks. Immediately after the conference, there was a mail ballot to determine which resolutions should go forward.

There were difficulties with mailings and other aspects of the voting. Nonetheless, ballots were returned by 473 of the 809 delegates eligible to vote. The choice was "yes" or "no," and a simple majority of votes cast was required to pass a resolution.

Following is a summary of the 142 resolutions (91%) that passed.

Health Concerns

Research and Technology—Resolutions reaffirmed conference recommendations that there be intensified research efforts in the areas of prevention and treatment of handicapping conditions and centralized information retrieval systems—particularly for dissemination of research and technological findings. Delegates asked that research centers and programs be given high funding priority by the government.

Diagnosis—A major concern was early identification of disabilities, including hidden handicaps. There were resolutions that regional centers be established and that comprehensive early identification and diagnostic services should be universally available. Several resolutions called for education and training of health care providers in regard to recognition of handicapping and potentially handicapping conditions. Delegates requested a variety of screening programs for detection of handicaps.

Prevention—Resolutions concerned the need for increased emphasis on prevention in all types of health planning, particularly in health systems plans developed under the National Health Planning and Resources Development Act of 1974 (P.L. 93-641). Delegates supported a resolution as well as a recommendation urging that national health insurance include preventive care. The importance of screening and detection programs as well as early treatment of hidden handicaps was emphasized.

Treatment—The following resolutions affirmed recommendations concerning treatment: provide national health insurance to meet the special and catastrophic needs of handicapped consumers, establish multidisciplinary, comprehensive state/regional treatment centers with

services including home care and outreach to rural and remote areas, mandate training and education for health care providers in regard to special needs and treatment of the handicapped, ensure participation by handicapped consumers in all aspects of health care delivery, guarantee parents of handicapped children and youth access to medical records, and incorporate the goals and recommendations developed by the White House Conference into all health care plans and health care systems plans.

It was urged that training programs for psychiatrists be better funded and that other types of physicians and students in various disciplines be more widely exposed to rehabilitation medicine. One new proposal asked that geriatric medicine be emphasized in medical schools and that various types of professionals be trained in regard to problems of the elderly handicapped. It was pointed out that the largest group of persons who are severely physically handicapped are among the elderly.

Educational Concerns

Pre-School—It was resolved that the educational system identify, serve and develop programs to meet the needs of handicapped pre-school children and their families. Advocacy programs for blind pre-schoolers were requested, as were early intervention programs for pre-schoolers with impaired hearing.

School-Age—Of major concern was the need to strengthen the Education for All Handicapped Children Act of 1975 (P.L. 94-142) by enforcing regulations and increasing appropriations. A resolution was passed opposing amendments to this legislation, on grounds that changes would undercut the long-needed protection the law in its present form provides.

Delegates felt that special attention should be paid to the needs of deaf children through age 25, and that a full range of resources, trained personnel, and communication styles should be offered them. Resolutions suggested dual programming (auditory and total communication) throughout the school years, and mainstreaming as a primary objective whenever possible.

There were calls for year-round schools for severely and multiply handicapped children and programs of individualized instruction for all children with special needs. Resolutions asked for coordinated services in both general and special education settings, elimination of negative "labels," comprehensive programs to reduce attitudinal barriers, and realistic guidelines for mainstreaming.

Delegates felt that vocational and career education for handicapped individuals were neglected in many school systems and proposed that the mandated set-aside for the handicapped under the Vocational Education Act of 1973 (P.L. 94-482) be increased from 10% to 25% of funds. Delegates asked that federal research and demonstration projects in career education address the needs of handicapped people and that someone knowledgeable about the handicapped be made a member of the National Advisory Committee on Vocational Education.

It was resolved that persons preparing for careers in education be formally oriented to the needs of the handicapped by means of required course work. Several resolutions suggested that qualified handicapped persons be involved in special education programs as paraprofessionals, counselors, teachers, and administrators.

One resolution suggested that state and local education agency personnel be subject to civil liability actions if they do not provide free, appropriate education for all children with handicapping conditions. Resolutions also requested funding for advocacy training for parents, including financial assistance to states for consumer/parent advocacy to help children obtain the education to which they are entitled. Adequate and appropriate communication among teachers, students, and parents was emphasized.

Post-School—Many resolutions outlined the needs of handicapped individuals in institutions of higher education—that there must be architecturally accessible schools, special campus transportation systems, and faculty possessing teaching skills relevant to handicapped individuals.

Delegates recommended that there be a federal coordinator of supportive services and programs for disabled students in higher education and that 15% of higher education funds appropriated under the Education Amendments of 1976 (P.L. 94-482) be set aside for direct services to disabled students. There was a call for elimination of the requirement to declare one's major during the first two years of higher education funded through vocational rehabilitation programs.

It also was resolved that Congress should authorize payment of excess costs incurred by disabled students, and that federally funded coordinators on post-secondary campuses provide services to disabled students and monitor and assist in implementation of Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112). It was requested that barrier removal on campuses be federally funded, beginning with a \$60 million appropriation in 1978.

Social Concerns

Attitudes of the General Public—Resolutions frequently cited education as an effective way of maintaining and developing positive attitudes toward handicapped individuals. In addition to calls for "Handicapped Awareness Days" in schools, there were resolutions in favor of curriculum materials about individual differences including handicaps. It was resolved that special education personnel should also be involved in regular education programs to maintain perspective, and that parents, general educators, and the public should be offered education to encourage positive attitudes.

Delegates felt that nonprofit organizations should refrain from fundraising tactics that reflect negatively on the disabled, and should submit public information materials to disabled individuals for approval.

Psychological Adjustment—Concerns in this area centered on sex problems and the sexuality of handicapped individuals. One resolution asked for research on sexuality that would include information gathered from handicapped persons and lead to broad dissemination of findings. Delegates stressed that discriminatory legislation barring handicapped persons from engaging in sexual relationships must be abolished immediately. In addition, they called for equal access to sex education and sex counseling for handicapped people, and requested that persons be trained specifically to deal with sexuality of disabled people.

Recreation—Recreation and leisure services were viewed as an important right of handicapped citizens. Resolutions called for federally-funded programs to recruit, train, and employ disabled people in park and recreation careers, to expand recreation programs serving the disabled, to increase research on recreation for the disabled, to enforce accessibility legislation in recreational areas, and to help local agencies provide comprehensive recreation for disabled people.

Also called for were cooperation among all levels of government, extension of federal, state, and local funding for current programs, and creation of a mechanism to coordinate federal, state, and local recreation services and resources for handicapped persons. To make recreation more available, all services must be accessible, disabled consumers must be involved in planning and operation of programs, leisure counseling must be offered, and a leisure resources center must be established. Recreation programs and services must be planned and implemented at the institutional as well as the community level.

Several resolutions require action by specific agencies. Delegates asked that the Department of Transportation require accessibility for modes of transportation under its jurisdiction so that tourism, leisure activities, and other forms of recreation become fully available. It was resolved that the U.S. Bureau of Outdoor Recreation in the Department of the Interior should immediately revise its national outdoor recreation plan to meet the needs of handicapped individuals. Also, the President was asked to ascertain the state of existing federal recreation programs, direct development of a plan to meet the needs of the handicapped, and assign the Bureau as coordinator, with other agencies cooperating.

Other resolutions called for organizations such as the National Recreation and Parks Association to become involved in developing needed legislation, following up on conference proposals, and developing guidelines for establishing the qualifications of recreation personnel.

Participation in Cultural Activities—Delegates felt that museums should make collections of materials available to individuals who are homebound or institutionalized and that mobile cultural facilities be set up to serve the needs of these people. In addition, it was resolved that the National Endowment for the Arts should establish state programs emphasizing handicapped artists and various artistic images of disability.

Architectural Accessibility—A major resolution addressed the need for federal legislation requiring companies engaged in interstate commerce to have barrier-free facilities. Another resolution directed that the U.S. Architectural and Transportation Barriers Compliance Board be independent with substantially strengthened powers, increased funding, and a regional board network. Among other things, delegates asked that the board be given sole waiver authority within the federal system under its jurisdiction and that waivers not be granted to new construction.

Transportation Accessibility—It was resolved that handicapped individuals who have specially equipped "gas guzzling" vehicles be given a tax exemption or deduction for associated expenses and should be relieved of any gasoline surcharge or vehicle tax that may result from new national energy policies.

Delegates felt that the name of the Urban Mass Transportation Administration (UMTA) should be changed to include the word "rural".

and that operating expenses as well as capital costs for providing accessible rural transportation be funded by UMTA

It was proposed that federal and state legislation be enacted requiring accessibility of all vehicles purchased with federal, state, or local funds as of January 1, 1978, and that these vehicles be equipped to provide appropriate travel information for persons with impaired hearing or vision

Communications, Techniques, Systems, and Devices—All television broadcasting stations were encouraged to provide sign language interpretation and/or captioning of general programs and newscasts.

Federal and state governments were asked to enact legislation, and the Federal Communications Commission to issue requirements, to insure the accessibility of public telephones to all handicapped individuals—the hearing impaired, the blind, and wheelchair users, among others

It was resolved that all universities and colleges receiving federal funds should be required to offer American Sign Language and Braille as part of their curriculum by September 1979 and that sign language be offered as a language course open to all students at the elementary and secondary levels

Delegates asked that federal legislation be enacted requiring all authors and publishers to give copyright clearance for reproduction of printed materials in forms appropriate for persons who are visually impaired

Economic Concerns

Employment—It was resolved that the Civil Service Commission should improve federal employment opportunities by establishing an appeals process for handicapped employees and job applicants. In addition, there should be a full-time selective placement coordinator in each federal personnel office serving 2,500 or more employees. Employees with excepted appointments should be converted to career status after a period of satisfactory service, and mentally restored individuals should be eligible for excepted appointments.

Another resolution recommended awareness training for supervisors, as well as counseling in regard to career advancement opportunities for the handicapped

In each office of the US Employment Service there should be a federally funded placement specialist skilled in communicating with and finding employment for handicapped persons. Similarly, every sheltered workshop should have at least one qualified placement specialist to help disabled clients enter competitive employment. These specialists should be specifically trained to work with disabled persons, and only the most qualified job placement specialists should be selected for work in state employment offices and sheltered workshops. The disabled should be offered career development opportunities in paid experience and on-the-job training.

Vocational rehabilitation follow-up programs should be improved. Financial counseling must be among services available for families that include members who are physically or mentally disabled.

Economic Opportunity—Two major themes were expressed in resolutions concerning economic opportunity: income tax incentives and equal pay for equal work.

Tax deductions, in addition to the standard deduction, must be allowed for unique expenses that accrue to disabled persons. One resolution suggests that a direct subsidy in the form of a negative income tax be given on the basis of degree of disability. Other resolutions urged that the tax exemption presently given to blind persons be extended to all handicapped individuals and that tax credits be given for job-related expenses (e.g., special clothing, prosthetic devices, gasoline for specially equipped vehicles, and adaptive equipment used by the deaf, blind, and deaf-blind).

A high-ranking resolution urged that federal and state laws requiring equal pay for equal work be amended to cover the handicapped. For those fully trained severely handicapped persons in sheltered or competitive employment who can reach only a fractional percent of full productive capacity, federal funds should be made available to make up any difference between production rates and the prevailing pay scale for the job.

Security—Delegates felt strongly that handicapped individuals should not be forced to give up economic security in order to accept employment. Several resolutions urge removal of disincentives to work incorporated in Social Security programs, particularly Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

SSI and SSDI laws and regulations need major revision to allow higher earned income, extended medical benefits, and disability determination based on social, functional, and educational factors as well as medical diagnosis and prognosis. Rules concerning approved plans for self-support should take precedence over other SSI and SSDI regulations and should be flexible enough to enhance rather than hamper a beneficiary's chances of actually becoming self-supporting.

For the permanently and severely handicapped, medical benefits under Title XIX (Medicaid) should be available beyond the period of financial eligibility if there is no alternative coverage. Current SSDI and SSI rules regarding substantial gainful activity and trial work periods should be rescinded and replaced. Needed are a liberalized definition of substantial gainful activity plus automatic reinstatement of benefits if income falls to less than the amount established for substantial gainful activity.

Delegates called for elimination of the one-third reduction in SSI benefits that occurs if a recipient lives in the household of another and extension of the SSI program to the U.S. territories. Delegates also urged immediate establishment of a system for prompt handling of address and other changes so that SSI checks are delivered on time and in the correct amount.

Federal grants should be available to allow sheltered workshops to provide economic security in the form of fringe benefits such as vacation, sick pay, health insurance, life insurance, and retirement. Various federal and state subsidies should be available to sheltered workshop programs so that the profit motive does not exert undue influence.

Delegates accepted a resolution prepared by parents of the handicapped requesting federal legislation to eliminate insurance discrimination against the handicapped and their families. Also called for were

changes in laws concerning wills and trusts so that it is possible to plan rationally for the economic security of handicapped children who survive their parents

Industry-Labor Council—The resolutions involving areas of interest to the Industry-Labor Council emphasize two concerns: contract provisions and federal manpower programs. It was proposed that a model contract clause for handicapped individuals be drawn up for union use in collective bargaining. This would help disabled persons compete more fairly with other special populations.

Delegates felt that programs under the Comprehensive Employment and Training Act (CETA), National Alliance of Businessmen, and Neighborhood Youth Corps should make stronger efforts to serve the handicapped, and income restrictions on eligibility should be eliminated. Funding formulas for federal manpower programs should require rather than discourage cooperation, and agencies such as the U.S. Employment Service and state federal vocational rehabilitation programs should work together.

Special Concerns

Severely and Multiple Handicapped—Resolutions called for deinstitutionalization of severely handicapped persons whenever possible and subsidized employment for them at wages prevailing in various occupations. These individuals should be paid the going rate regardless of whether they can or cannot keep up with standard production rates. Modifications of Social Security programs were proposed to eliminate disincentives to work.

Delegates felt that the severely and multiple handicapped should receive services and other benefits on an equal footing with those whose handicaps are milder. Several resolutions called for implementation of the Education for All Handicapped Children Act of 1975 (P.L. 94-142), no matter how severely disabled a student may be.

Community Residential Facilities—Strongly endorsed resolutions reaffirmed conference recommendations regarding group homes with no zoning restrictions and accessible life-span support services at reasonable cost. As an additional housing alternative, it was urged that government agencies, planners, and builders provide long-term care facilities exclusively for the use of mentally competent but physically and neurologically disabled adults.

Delegates request that the federal government develop high-quality, innovative programs in "independent living rehabilitation" to assist handicapped persons who have not developed, or cannot develop, the skills to live independently.

Deinstitutionalization was affirmed as a fundamental goal. It was resolved that deinstitutionalization of mentally handicapped persons should be promoted through development of transitional programs and review of state commitment laws.

Service Delivery Systems—Delegates asked Congress to mandate that publicly funded service agencies at all levels submit goals and evaluation methods for each funding period. It was resolved that each service recipient and/or his or her advocate should participate in the

goal setting process and in development of an individualized program/service plan. Evaluation should be based on successful implementation of individual plans and should include joint evaluation of and by individual service recipients and individual service providers. Evaluations of individual service recipients should be shared with and evaluated for accuracy by those recipients and/or their advocates.

This goal/evaluation system must include all providers serving clients under a purchase-of-service agreement with any agency receiving public funds. Each such agency must have a consumer advisory council, as must every private nonprofit organization serving the handicapped and incorporated with federal 501(c)(3) status.

It was felt that various components of the service delivery system could do cross-comparisons of evaluations to discover gaps in service delivery. In addition, task forces of at least 50% handicapped persons should be established at federal, state, and local levels as a permanent mechanism for evaluation and improvement of systems of delivering services to the handicapped.

Delegates asked that follow-up action be taken to implement and enforce legislation regarding the quality of service delivery, e.g., the Education for All Handicapped Children Act of 1975 (P.L. 94-142) and the Rehabilitation Act of 1973 (P.L. 93-112). It was resolved that existing legislation calling for protection and advocacy systems for the developmentally disabled and intermediate care facilities for the mentally retarded should be implemented.

The delegates opposed lumping human services together and felt that any new major service agency for the handicapped should be geared to rehabilitation and habilitation, including vocational rehabilitation, with work as the goal when feasible. A separate resolution urged the federal government to mandate that each state set up a central office for information and referral so that persons with handicapping conditions of all kinds and all degrees of severity are assisted to obtain appropriate services.

Voting on various resolutions stressed the need for ombudsmen serving the disabled at all levels of government. Delegates felt there should be a President's ombudsmen council at the federal level and an independent office of ombudsmen for the handicapped in a federal agency such as the General Accounting Office.

Many resolutions support high-ranking conference recommendations in regard to service delivery. Delegates requested action to develop respite care systems, study the appeals practices of all state divisions of rehabilitation, continue the categorical program approach for services to handicapped persons, provide comprehensive support services to families of handicapped persons, create centers to provide all auxiliary support services to disabled adults, establish and enforce goal setting in long-term care, and institute strong, federally funded advocacy programs for the rights of handicapped persons.

Civil Rights—Resolutions approved by the delegates called for more adequate implementation and enforcement of the Education for All Handicapped Children Act of 1975 (P.L. 94-142) and Sections 501 (federal agency affirmative action), 503 (federal contractor affirmative action), and 504 (anti-discrimination in federally assisted activities) of the Rehabilitation Act of 1973 (P.L. 93-112).

The delegates mandated amendment of all sections of the Civil Rights Act of 1964 (P.L. 88-352) to include persons with physical or

mental disabilities as a separate, protected group. Greater involvement of the U.S. Department of Justice in the implementation and enforcement of civil rights for the disabled also was endorsed. Delegates also asked for federally funded legal services and training programs for police, judges, and lawyers on how to relate to the disabilities at state, local, and regional levels as well as payment of attorneys' fees for legal actions and administrative hearings.

Handicapped Minorities—The resolution that received the strongest support requests direct federal aid to Indian tribes for all services to handicapped Indians on reservations—housing, transportation, education, and health services. Delegates called for a needs assessment of handicapped native Americans and full participation by native Americans in planning and administration of their programs, including educational programs for handicapped children run by the Bureau of Indian Affairs and medical rehabilitation programs administered by the Indian Health Service.

Other resolutions called for legislation to provide for unique problems of handicapped individuals in the Trust Territories of the Pacific Islands and other U.S. territories, provision of interpreters for Spanish speaking handicapped persons at all information and emergency centers, and the gathering of statistical information by the 1980 census regarding incidence of handicapping conditions among nonwhites and that data be analyzed by population subgroup. A number of resolutions supported conference recommendations in favor of adequate outreach to and identification of nonwhite handicapped individuals.

Disabled Veterans—Delegates resolved that a veteran's preference in federal, state, and local employment is inappropriate and should be discontinued or at least not expanded. It was pointed out that entry into the armed forces is now voluntary and that there is substantial discrimination against handicapped applicants.

Miscellaneous Resolutions

Alcoholism and Drug Abuse—The delegates considered alcoholism and drug abuse self-inflicted conditions and felt alcoholics and drug abusers therefore should be excluded from the definition of handicapped in any legislation resulting from the White House Conference.

Armed Forces—It was resolved that Congress should enact legislation prohibiting the armed forces from excluding individuals with handicaps who wish to serve in non-combat positions and preventing the armed forces from discriminating against handicapped persons in regard to pay, promotions, etc.

Disabled Women—Several resolutions concerned the sexuality of disabled women and gynecological care and services. There were directives to improve health services, training for medical professionals and rehabilitation personnel, drug information, sex education and sex counseling, and availability of birth control information and options.

Future White House Conferences—Two resolutions reflected the strong interest of the delegates in legislation authorizing future White House Conferences on Handicapped Individuals. One recommended

that national conferences be held at three-year intervals, with state, territory, and local conferences yearly. Another resolution called for the next White House Conference to be held within ten years.

Hidden Disabilities—Two resolutions called for equitable consideration of the needs of persons with hidden disabilities to ensure that they receive the same services as other handicapped persons.

International—Delegates felt that the final report of the conference should include summaries of laws and policies concerning persons with disabilities that are in effect in other countries and are more "advanced" than those in effect in the United States.

Library Services—The delegates strongly supported proposals to fill a library position in the Department of Health, Education, and Welfare for programs serving handicapped individuals, enact legislation and fund efforts to make public libraries accessible, continue funding for the Library of Congress Division for the Blind and Physically Handicapped, and have handicapped individuals involved in the 1978 White House Conference on Libraries.

Mental Health—Resolutions called for upgrading standards of care for persons in institutions and in alternative living settings as well as providing appropriate services for those in transition to a less restrictive environment. Delegates urged ending job discrimination on the basis of psychiatric treatment, eliminating zoning barriers to group homes for mentally handicapped persons, and promoting deinstitutionalization and community mental health programs. Endorsement was given to implementing and enforcing the right to education for all handicapped children, including those with impaired mental health.

Delegates sought federal funding for mental health centers with proven records of effective service delivery and asked that ombudsmen have responsibility for monitoring such funding.

National Institute—Delegates called for establishment of a National Institute on Handicapping Conditions that would include a data bank, a registry of services and service providers, an ombudsman, consumer involvement, public awareness programs, and research relating to persons with disabilities.

Non-Profit Organizations and Corporations—Disabled individuals should review educational materials and fund raising plans of nonprofit organizations to ensure that they reflect positively on handicapped persons. Delegates felt that members of boards of directors of non-profit corporations should be knowledgeable about handicapped persons they serve.

Presidential Action—The President was commended for his personal commitment to the concerns of handicapped persons. Delegates urged that he set an example by employing qualified disabled persons in the White House, speaking only in accessible facilities, and using an interpreter for the deaf during public appearances.

The President was also encouraged to appoint a person, reporting directly to him, with authority to speak to and for the President on all issues related to handicapped.

Religion—Delegates went on record as calling for religious organizations to take steps at all levels to integrate persons with disabilities more fully into religious activities. Included were recommendations to

recruit persons with disabilities into leadership positions, remove architectural and other barriers, and train existing clergy in special communication methods such as signing.

Staffing and Funding—Delegates asked that all existing and future programs for handicapped individuals be adequately staffed and funded

State Directors—A major concern was funding of an implementation committee, including state directors, to insure effective promotion of conference recommendations and to monitor implementation. In addition, delegates felt state directors should be involved in preparation of the final report of the conference.

Terminology—To eliminate unfavorable connotations and negative conceptions of individuals with disabilities, the delegates resolved that language enhancing positive images should be used in all conference documents.

SUMMARY OF MEETINGS

A variety of special interest groups met during the national conference in order to consider specific issues and shared concerns. Some of these caucuses prepared documents for inclusion in the final report of the conference. Summaries follow.

Caucus for an Alternative Conference Report

A Caucus was formed by persons who felt the White House Conference did not allow for creative expression and original thought by the delegates and participants. A major assertion was that issues presented in conference workbooks had not been formulated at a grass-roots level meaningfully involving the handicapped. In addition, there was dissatisfaction with state conferences, the issues/recommendations structure, and hotel arrangements made for handicapped persons at the national conference.

Approximately 400 persons participated in the caucus from their own experience as handicapped individuals, and as representatives of broader constituencies. They prepared an alternative conference report to stand on its own and to augment positive conference recommendations.

The report produced by the caucus has been included in its entirety in Volume II, Part A of the Final Report of the White House Conference on Handicapped Individuals, and single copies are also available from the Clearinghouse on the Handicapped, DHEW, Room 339D HHH Building, Washington, D.C. 20201. The report addresses the following topics in some detail. (1) Terminology, (2) Recognition of Unique Needs, (3) Consumer Participation, (4) Civil Rights, (5) Removal of Attitudinal Barriers, (6) Architectural Accessibility, (7) Transportation Accessibility, (8) Removal of Communication Barriers, (9) Educational Issues, (10) Mental Health, (11) Medical and Financial Assistance, (12) Rehabilitation Service Delivery, (13) Ombudsperson for the Handicapped, (14) Recreation Discrimination, (15) Sexism, (16) Minimum Wage in Sheltered Workshops, (17) Publishing the Risks of Prescription Drugs, and (19) Distribution of the Alternative Conference Report

Nonwhite Caucus

A Nonwhite Caucus was formed by delegates, delegates-at-large, alternates, and panelists from racial and cultural groups that felt non-white interests were not fully reflected in conference recommendations. The caucus reported that 40% of all physically and mentally disabled

persons in the United States belong to nonwhite groups and asserted that racism is a major contributor to handicapping conditions.

The caucus called for defeat of the legacy of racism and emphasized that denial of opportunity is the single most pervading factor in the lives of millions of nonwhites in this country—be they black American, Hispanic, Asian American, or native American

Resolutions are grouped by issue:

(1) *Education*—Nonwhite handicapped persons and their parents or guardians should be involved in policy making, and nonwhite handicapped children should be mainstreamed into the regular school process. The Education for All Handicapped Children Act of 1975 (P.L. 94-142) should be implemented with special consideration given to nonwhites.

(2) *Research*—Specific research should be undertaken to document nonwhite needs. Nonwhite researchers should provide leadership in these projects, and findings should be made available to the public and appropriate agencies and individuals.

(3) *Service Delivery System*—Service providers should develop training programs to meet special nonwhite needs and should develop aggressive outreach programs to link people with services. Bilingual and bicultural programs should be provided. The federal government should establish program assessment commissions to monitor and evaluate the effectiveness with which services are delivered to nonwhites.

(4) *Economic Concerns*—There should be a national speakers bureau composed of white and nonwhite handicapped persons who can present positive programs for employment of the handicapped. Civic groups including nonwhite organizations should actively encourage positive attitudes toward hiring the handicapped through means such as job fairs and employment councils. Sections 503 and 504 of the Rehabilitation Act of 1973 (P.L. 93-112) should be amended to establish disabled nonwhite employee quotas, from both the physically and mentally disabled categories, that recipients of Federal contracts and grants would be required to meet. Unions should be made more aware of the abilities of nonwhite handicapped persons, and there should be stronger enforcement of legislation promoting inclusion of nonwhites.

Congress should amend the benefits sections of the Social Security Act to remove current disincentives to work. Amendments should provide for higher levels of permissible income without loss of benefits, continuation of medical benefits during periods of employment, extension of the trial work period, and other regulations that would stimulate and increase the entry of handicapped individuals into the work force.

(5) *Housing*—All levels of government should enforce anti-discrimination lending regulations and barrier-free design requirements to insure that handicapped people regardless of ethnic background, geographic location, or severity of disability have full access to available and appropriate housing. In those areas of the country where no such housing is available, it should be provided.

A federally funded 50% nonwhite housing coalition should advocate the interests of all handicapped individuals at the federal, state, and local levels. HUD and HEW should require state housing agencies to provide construction funds to handicapped nonwhites. The federal government should develop rural housing for the handicapped, and nonwhite handicapped persons should be given special consideration because of double discrimination. For handicapped Indians who live on

reservations, tribes should be able to obtain HUD mortgage loans.

(6) *Health Concerns*—Statewide multidisciplinary outreach treatment teams should be organized for the specific needs of the nonwhite handicapped and their parents, including preschool children, with emphasis on the unique needs of the Indian community.

(7) *Architectural Accessibility*—The Architectural and Transportation Barriers Compliance Board should be better publicized and should be composed of 40% nonwhite handicapped persons

(8) *Transportation Accessibility*—Transit authorities should make their services available to all, especially the handicapped, and should recruit nonwhites at all levels of employment.

(9) *Recreation*—The concept of mainstreaming should be recognized as a viable means of involving nonwhites in recreation programs. Parks, recreation, tourism, and related leisure areas and facilities should be accessible to the handicapped in all ways, as staff and as consumers

Disabled Hispanic Individuals' Caucus

A caucus for disabled Hispanic individuals discussed issues to be presented to the conference, including the need to encourage Hispanics to participate in programs that might benefit them and to help those programs become responsive, the need to encourage inclusion of Hispanics in conferences for the disabled, and the need to promote development and employment of Hispanic providers of services. The following resolutions were submitted for approval by the conference.

(1) to provide Spanish/English interpreters whenever necessary at conferences for the disabled;

(2) to ensure that services provided Hispanics are available in Spanish;

(3) to take into consideration Hispanic cultural differences in regard to diagnostic evaluation and testing;

(4) to provide bilingual/bicultural education to all Hispanic handicapped children, and

(5) to establish a permanent organization for Hispanic disabled individuals with the endorsement and support of the White House Conference and funding from appropriate agencies.

Members of the Hispanic caucus agreed to communicate with one another after the conference and appointed individuals to be responsible for various aspects of follow-up.

Disabled Women's Caucus

Recommendations passed by the Disabled Women's Caucus were incorporated in resolutions approved by conference delegates.

(1) Planned parenthood facilities should be forced to comply with Section 504 regulations regarding accessibility to disabled women.

(2) Training programs for medical professionals should include materials on special needs of disabled women, and there should be research on medical and psychological aspects of gynecological care and sexual health for women with disabilities.

(3) Information on drugs and birth control should be available in Braille, and audiovisual materials should be captioned.

(4) Medical professionals should be knowledgeable about the medical implications of various methods of birth control in regard to disabled women and should be aware that disabled women have the rights to make *informed* decisions about birth control. Disabled women

should have the right to receive or refuse abortions.

(5) Disabled women should not be expelled from institutions because of sexual activities, and all institutionalized handicapped persons should be given sex education and counseling. There should be legal criteria regarding sterilization, mental competence, and informed consent.

(6) State vocational rehabilitation programs should provide regular sex counseling and gynecological services for all disabled women. All rehabilitation personnel should be trained to deal with the sexuality of handicapped persons.

(7) In public school systems, the handicapped should have equal access to sex education, via interpreters for the deaf, alternatives to visual presentations for the blind, etc. Where there is a sex education/sex counseling curriculum, special problems of the disabled should be included.

(8) There should be outreach gynecological services in rural areas.

(9) Medicaid/Medicare should pay for attendant care and interpreters for medical visits.

Mental Health Caucus

The following recommendations were approved by the Mental Health Caucus.

(1) There should be a Presidential Coordinating Council on needs of the handicapped.

(2) Rehabilitation Services Administration (RSA) programs that relate to the mentally ill should be more adequately funded.

(3) Projected National Institute of Mental Health (NIMH) emphasis on community rehabilitation programs for mental patients should be adequately funded.

(4) The expansion of psychological rehabilitation centers should be adequately funded.

(5) Prevention should be emphasized, particularly in regard to emotionally disturbed children.

(6) Deinstitutionalization of the chronic mentally ill should be emphasized, as recommended in the General Accounting Office (GAO) Report, *Returning the Mentally Handicapped to the Community: Government Needs To Do More*, which is available from the U.S. G.A.O. Distribution Section, Room 4522, 441 G Street, N.W., Washington, D.C. 20548, \$1.00.

Lawyers' Caucus

Nearly 50 lawyers and others working in the area of law and the handicapped met and launched the Legal Advocacy Network for the Disabled (LAND). It was decided that the organization should start a network for communication of information about disability law. Initial goals included:

(1) Dissemination of a list of names and addresses of interested persons.

(2) Investigation of the possibility of publishing a directory of persons active in the field of law and the handicapped.

(3) Establishment of clearinghouse services through an arrangement with an existing publication.

(4) Development of a feasibility/planning study regarding the organizational structure and activities of LAND.

(5) Dissemination of a questionnaire to gather pertinent information about members of the organization.

Regional meetings of members and other interested persons were encouraged. It was planned that the existence of the information network would be announced to the American Bar Association. It was noted that conference delegates in their recommendations and resolutions had mandated establishment of a network such as LAND.

SUMMARY OF SEMINARS

A series of seminars were arranged by federal agencies to address issues that cut across many areas of conference interest. These seminars took place in various cities before and after the national conference and convened experts, government staff, and consumers for in-depth reviews of situations pertaining to special groups and interest. From some of the seminars, long-term activities on behalf of the handicapped are expected to proceed. Following are summaries of seminar reports submitted for inclusion in the final report of the conference.

Disabled Veterans Seminar

A seminar on disabled veterans was held in Washington, D.C., in October 1976. Individuals from government, private industry, disabled veteran groups, and nonveteran handicapped groups assembled to discuss issues affecting veterans with service connected and non-service connected disabilities.

A prevailing viewpoint was that vocational rehabilitation, medical services, and other benefits offered by the Veterans Administration are of little value if the disabled veteran has no opportunity to participate in major life activities. Barriers range from architectural obstructions to employers' attitudes.

Among issues addressed were how job placement systems could be improved, what measures should be taken to ensure the proximity and quality of medical and supportive services for veterans, how to improve the image of disabled veterans, and what comprehensive counseling services are needed for disabled veterans.

Issues and recommendations were made available to delegates at the White House Conference.

Epilepsy Commission Seminars

A National Commission for the Control of Epilepsy and Its Consequences was established in April 1976 to review services and research, identify gaps, and propose a national plan of action. During the following year at public hearings across the nation, persons with epilepsy, their families, and service providers expressed their needs and developed recommendations.

In light of issues that emerged, the commission concluded two major concerns were not emphasized strongly enough in White House Conference reports or delegates' workbooks. These concerns were. (1) improved medical care for severely handicapped persons in long-term

care facilities, and (2) better focus at the national level on planning and services for neurological disorders

The commission recommended to the White House Conference that all institutionalized individuals have access to quality medical treatment. The commission contended that behavioral and social services have been emphasized in institutions at the expense of medical services.

Furthermore, the commission's final report pointed out that problems of the neurologically handicapped are frequently overlooked, because this group is not visibly mentally or physically handicapped. Epilepsy was taken as a good example of a neurological disorder that has been bandied about between service agencies that deal with mental and physical disorders

Training in care of the physically handicapped may not include those special problems of the neurologically impaired that may result in episodic seizure activity. In addition, anyone interested in mental or behavioral problems will find only minimal and contradictory information in the literature of the behavioral sciences to inform them about psychological problems associated with neurological conditions. Compounding these difficulties is lack of special orientation toward neurological disorders in the curricula of medical and nursing schools

The commission submitted a formal resolution recommending that the White House Conference include in its priorities the need for planning and delivery of services specifically designed to address and meet the unique needs of the neurologically impaired

Industry-Labor Council Seminars

The Industry-Labor Council (ILC) was formed to give representatives of these two segments of society an opportunity to explore special problems and opportunities facing handicapped persons seeking to enter the job market. Recommendations developed at regional meetings held between September 1976 and March 1977 in Chicago, Illinois, Menlo Park, California, Atlanta, Georgia, and Albertson, Long Island, were considered by the White House Conference. Those passed are listed on pages 000-000 of this report

The consensus at ILC meetings was that the most difficult problems are those directly related to the community's perception of the handicapped worker. A meaningful job was regarded as one of the most basic human rights of all Americans, handicapped or not

Recommendations for legislative action and administrative policy decisions were aimed at stimulating the hiring of handicapped workers, providing needed benefits, increasing access to work sites and thus the number of jobs available, and providing employers with facts about the costs of employment benefits for handicapped workers

Recommendations for further study related to insurance for handicapped workers, the effect of employment of handicapped workers on overall costs of employee benefits, and barriers in transportation to and from work and the costs of eliminating those barriers. A study was recommended to encourage innovative technology that would ease the entry of handicapped workers into more competitive positions. It was felt that all these studies should be federally funded

In terms of immediate benefits, the most valuable recommendations from the four ILC meetings probably were those outlining direct action that could lead to placement and successful employment of increased numbers of handicapped workers. Most recommendations asked little

more than firm commitments and strong determinations by industry and/or labor. Cooperative efforts by insurance companies, government, labor, and industry were recommended to clarify issues and promulgate facts in regard to insurance for handicapped workers.

Recommendations called for information clearinghouses on job site modifications and on actual job opportunities to allow training to be tailored to jobs that are open. There were also calls for better training of job interviewers, so that they would be more able to recognize and use the full capabilities of handicapped workers.

Of particular significance was a recommendation that vocational rehabilitation agencies change their posture and offer themselves as business services providing industry with trained, capable, and willing workers.

Many recommendations concerned barriers of the mind, inbred prejudices that are part of American life. Recommendations that medical professionals be acquainted with the true potentialities of handicapped workers and with the real needs of employers were accompanied by recommendations that industry and labor sponsor "awareness" training for non-handicapped workers, line supervisors, and foremen.

There were strong recommendations in favor of more realistic, job-oriented training for handicapped workers, preferably beginning at an early age as part of the general education process.

One outcome of the ILC meetings was identification of seven key forces affecting the future of handicapped individuals in the competitive job market. These are government, employers, labor, related groups including the insurance industry, professional associations, manufacturers of specialized equipment, and transportation companies, communications and entertainment media, job preparation and delivery systems, and handicapped individuals and their advocates. These segments of society are responsible for doing what must be done to lower the barriers that keep handicapped workers from their rightful place in a society based on the work ethic. Government, industry, labor, and handicapped workers must all do their parts.

Coordination Seminar

A seminar sponsored by the Office for Handicapped Individuals was held in January 1977, in Reston, Virginia. Participants addressed the problems of coordinating service programs for handicapped individuals. Work group sessions were interspersed with presentations by individuals knowledgeable about coordination and/or programs serving handicapped individuals. Participants included representatives from federal, state, and local governments, private sector organizations, and consumer groups.

Four issue areas were identified as encompassing most coordination problems: (1) legislative concerns, (2) federal practices, (3) federal/state/local interrelationships, and (4) public/private sector interrelationships.

To achieve full effectiveness in implementation of recommendations coming from the White House Conference, it was felt there would have to be high level visibility and clout. Recommendations from the seminar, therefore, cited the need for special focuses to be established, one in Congress and one in the White House or the Domestic Council, with direct responsibility to the President.

In addition, many recommendations cited a need for significant, meaningful consumer involvement at all levels and in all phases of service delivery, from planning and evaluation of program effectiveness at the federal level to continuous monitoring at the point of service delivery.

Seminars on Unique Problems of Nonwhite Handicapped Persons

To increase input from handicapped individuals who are nonwhite or of Hispanic ancestry workshops were held in eleven communities heavily populated with minorities.

During February 1977 concerned individuals met in Seattle, Dallas, Denver, Phoenix, Chicago, New York, Richmond, Hartford, Tampa, and San Francisco. The following recommendations are noted because they do not duplicate those evolved through other pre-conference mechanisms.

(1) Nonwhite culturally oriented films should be utilized in training service providers and counselors.

(2) Local universities, using paraprofessionals, should be requested to identify the incidence of disability among nonwhite individuals.

(3) Nonwhite handicapped persons who have no private or public agency connections should be able to identify themselves by contacting a hotline clearinghouse whose telephone number has been made public.

(4) Consumer/advocacy groups and providers of services to nonwhite handicapped individuals should meet periodically with media representatives.

(5) The federal government should expand existing outreach programs and evaluate outreach services on a scheduled basis.

(6) Consumer groups should be used to evaluate contract services used by state rehabilitation agencies.

(7) State and local governments should use feasibility studies to determine the need for services to handicapped nonwhite individuals within their communities.

(8) Transportation services should be provided for handicapped nonwhites between community and rehabilitation service agencies and employment locations.

(9) A centralized information clearinghouse should be established to provide information about comprehensive rehabilitation services for handicapped nonwhite individuals.

(10) Telephone accessible to handicapped nonwhite individuals should be available within their community.

(11) Nonwhite handicapped individuals should be encouraged to join and actively participate in organizations for the handicapped.

The workshops and resulting recommendations responded to a perceived need that was and continues to be substantially unmet by the rehabilitation and social service agencies throughout the country. Nonwhite handicapped individuals tend to be faced with increased disadvantages compared to other handicapped individuals. Seminar participants found the situation of nonwhite handicapped persons intolerable in this time of reordering of priority toward the social, economic, and psychological goals of equal opportunity.

Seminar on Long-Term Care

A seminar on long-term care requirements of people disabled early in life took place in Philadelphia in February 1977. A steering committee composed of consumers, federal officials, voluntary agency representatives, and authorities on long-term care invited experts to write papers summarizing the state of the art in a number of key areas. Other authorities and consumer representatives were asked to prepare reactions.

The seminar was based on this premise: People with substantial disabling conditions originating early in life are even more handicapped by powerlessness than are other disabled people in the population. They are more socially isolated and therefore remain more invisible; they frequently require more intensive and extensive treatment and outside services which therefore are more expensive; they have fewer successes in development in early years and therefore are more, and remain longer, dependent on others; they have fewer opportunities for social/community participation and therefore are socially and politically inarticulate.

The seminar report points out that at any given time, 15% to 20% of the child population is impaired physically, mentally, or emotionally. Among these are the 3% to 4% of all children who will be substantially disabled in their major life roles because of the impairment.

Incidence and Causes

Major cases of disability early in life include mental retardation, cerebral palsy, childhood psychosis and autism, childhood seizure disorders, severe congenital communication disorders involving language deficiency, and certain other neurological and sensory disorders such as congenital blindness and spina bifida. Cerebral dysfunction may be involved in as many as nine out of ten of these disabilities.

Basic Assumptions

Characteristics of children, adolescents, and adults disabled early in life are described in the full seminar report. The report emphasizes that long-term care requirements must be defined in terms of certain basic assumptions: (1) the family is the primary unit of concern, (2) services should be developmentally appropriate, (3) services should be coordinated on a life management basis, (4) disabled persons have rights to a range of choices, and (5) disabled persons share with all other persons basic human needs.

Major Issues

The major issues raised in the Long-Term Care Seminar were these:

(1) *Early Intervention*—This implies comprehensive support services, often rendered in the home, primarily to aid parents with the management of severely disabled infants and young children. Services must be based on developmental principles, be consonant with cultural and ethnic traditions and values, cope with the stresses of poverty, include outreach, and include case management and future planning.

(2) *Personal Care Services*—Some individuals disabled in childhood will need assistance in activities of daily living, personal care, and decision making beyond the usual years of childhood dependence. Like others, disabled persons of any age need to associate and communicate.

with congenial persons and to develop long-term personal relationships in an intimate environment. Persons who give ongoing care, whether family members, attendants, or aides, need recognition as valued persons who also have rights to live their own lives.

(3) *Transferring Living Arrangements from Institutions to the Community*—Severely disabled persons are entitled to live in appropriate community settings that are habilitative and appropriate to their growth and development. Essential to accomplishing this goal is a continuing process of deinstitutionalization and establishment of appropriate community-based living arrangements.

(4) *Unique Transportation Requirements*—Persons disabled in early years are dependent upon transportation in ways that go beyond mobility limitations associated with physical impairments or even non-accessibility and non-availability of existing modes of transportation. Many of these individuals have difficulty dealing with directions or have seizure disorders, for example. Regardless of transportation problems and dispersed places of residence, if these people are to avoid social isolation they must have opportunities for education, training, social visitation, employment, sheltered activities, and shopping.

(5) *Epidemiologic Implications*—There is a unique and unmet need for full life cycle data on the incidence, prevalence, characteristics, and needs of people disabled early in life. Better national data bases are prerequisite to rational planning to meet the lifelong needs of these individuals.

(6) *Full and Effective Implementation of Federal Non-Discrimination Provision*—Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) mandates that benefits and services be provided in a form the disabled person can use and not necessarily separate and apart from services generally available to the community. This section also contains language almost identical to the anti-discrimination provisions of Section 601 of the Civil Rights Act of 1964 (P.L. 88-352).

The Rehabilitation Act of 1973 therefore establishes a broad government policy that programs receiving federal financial assistance shall be operated without discrimination on the basis of handicap. Arrangements of health and other services, transportation, employment, and education must accommodate differences among a wide range of persons. Section 504 points to accommodating the range of differences that exist among handicapped populations.

Individuals disabled early in life require benefits and services that vary to a considerable extent from other handicapped populations. Full and effective implementation of Section 504 will be a major step toward reaching full civil rights for all.

At the federal level, many agencies are involved in generating policies and regulations to monitor implementation as well as to protect rights. A danger exists that federal activities may become uncoordinated and even work at cross-purposes.

(7) *Prevention*—There is ineffective, inconsistent, and inappropriate implementation of known and understood methods of preventing developmental disabilities. These preventive methods concern prenatal care, immunization, nutrition, genetic counseling, and prevention of poisoning and other accidents. Although the environmental influences that interfere with growth and development are well documented, there is little concerted effort to prevent the effects of the less well known influence of deprivation.

Ignorance persists about the relationship between early parent-handicapped child interaction and subsequent developments, secondary emotional problems, parental desire to institutionalize the child, and other aspects of disability.

(8) *Relocation Effects*—Severely disabled children often suffer long-term detrimental effects from frequent residential relocation during their developmental years. Included are moves from home to hospital, hospital to institution, and institution to home, etc.

(9) *Reciprocal Experiences in Childhood*—Disabled children need life experiences during their developmental years that are similar to those of children with more typical development. These experiences may be achieved through meaningful interaction among children with and without handicaps.

Non-contrived experiences that focus on normal human relationships for children at school and at play are desirable. Many environments should be used. The disabled child should see and be seen, help and be helped, and understand and be understood by other children.

These reciprocal relationships, begun at an early age, will diminish the formation of negative images of handicapped people frequently held by adults who never experienced such direct encounters as children.

(10) *Independent Living Arrangements*—Persons severely disabled early in life experience great difficulty in locating and using accessible and compatible independent or semi-independent living arrangements. These people often fail to qualify for housing provided through programs of the U. S. Department of Housing and Urban Development. Another problem is that room and board are not provided for through public social service programs except in institutional settings.

(11) *Exclusion from Rehabilitation*—Rehabilitation programs frequently exclude persons who in early life acquire severe disabilities that extend throughout adulthood.

(12) *Appropriate Work*—Insufficient and misdirected training and education programs do not prepare adults, especially those disabled from childhood, for meaningful, useful work or activity. Also, employers and agencies still lack incentives for hiring or training the one of seven handicapped individuals who were disabled early in life.

(13) *Research on Attitudes of People with Handicaps*—Insufficient and inadequate research has been conducted to study the attitudes of people with handicaps. A difficulty is that disabled people often lack the communication skills necessary to make their ideas and needs known effectively. The 1970 census did not employ sophisticated techniques in attempting to gather disability data, especially from individuals disabled early in life. Reliable information would help service-providers and policy-makers plan and implement appropriate programs as disabled people progress through life.

(14) *Employee Participation in Deinstitutionalization*—Planning for deinstitutionalization and conversion to community-based service systems has not generally included representation of the employees of institutions.

(15) *Protection of Rights*—Persons disabled early in life have had the fewest opportunities to influence plans for their education and rehabilitation.

(16) *Advocacy*—People disabled early in life have long-term care needs that require long-term advocacy rather than episodic interventions. A continuing system of advocacy addressing lifelong needs should be maintained and reinforced by the U. S. Department of Health,

Education, and Welfare and state governments. This system must be accessible to all and must include active outreach to those who may not be able to articulate their own needs. Persons who provide direct care or are employed by direct care agencies may not function effectively and reliably as advocates, because there are possible conflicts of interest between the two roles.

(17) *Government Role in Litigation*—The effort to establish clear legal and constitutional entitlements for the disabled population, especially those in need of long-term services, would be seriously hampered without the assistance and support of the federal government. The U. S. Department of Justice has been a party to litigation on alleged violations of due process, equal protection, and other constitutional rights and has participated in other legal proceedings arising from questions of rights for the disabled. Some states are now questioning this role.

Information Resources Seminar

An Information Resources Seminar sponsored by the Office for Handicapped Individuals took place in June 1977, in Arlington, Virginia. The primary purpose was to bring together existing information providers serving the handicapped so that they could comment on and react to White House Conference recommendations related to information services.

The approximately 70 participants who attended the seminar represented private, local, state, regional, national, and federal information services, including hotlines, clearinghouses, data banks, libraries, information and referral services, and public inquiry offices in federal agencies.

Prerequisites to Better Information Services

Seminar participants emphasized the need for greater cohesion and responsiveness in the field as a whole. In particular, they indicated a desire to work for the following changes: (1) more communication among information providers, (2) more policy emphasis on information services within organizations and government, and (3) more assistance from a central agency in fostering communication among information providers and in developing basic administrative and technical documents for wide use in the field. These steps were regarded as prerequisites to implementing recommendations made by the White House Conference.

National Level Recommendations

On the national level, seminar participants saw networking among existing operations as the most effective means of mobilizing resources. Although they supported the frequently made recommendation from the White House Conference calling for a central clearinghouse, they saw this clearinghouse not as an all-encompassing, monolithic, new information operation but as a coordinating, planning, and resource mechanism to strengthen their own operations. Participants suggested that the proposed clearinghouse do the following:

(1) Act as a "lead" or staff agency for networking activities; conduct workshops and meetings; proselytize the network idea; establish a

toll-free telephone number, develop a file of technical assistance sources, establish guidelines for data and services to be included in and excluded from the networking system, and develop information service models.

(2) Prevent duplication of publications by creating an indexed list of handicapped-related publications of voluntary organizations and federal agencies so that plans for new publications can be compared with existing resources

(3) Prepare basic materials of widespread interest so that individual information providers need not undertake this task separately.

(4) Encourage federal agencies that provide grants or contracts for information services for the handicapped to consider cooperative efforts and give preference to applications that show strong tie-ins with existing operations

Seminar participants stressed that existing legislation establishing the Office for Handicapped Individuals (OHI) Clearinghouse is adequate support for the activities listed above. Therefore, they emphasized that two types of action are required. The first is provision of adequate staff to allow the OHI clearinghouse to effectively coordinate information resources for the handicapped. The second is active participation by existing information providers in the development of a national information network. Seminar participants indicated their willingness with respect to the second point.

State Level Recommendations

With very few exceptions, one-stop state level information for the handicapped does not exist, and there is general uncertainty about the scope, capability, and efficiency of information provision by state offices involved with the handicapped. Seminar participants advocated creation of a central body in each state to become an information resource and serve as a strong link between national and local information sources. This body might be a designated state agency receiving federal matching funds or an independent council established by voluntary organizations and sponsored by the government. It was recommended that this central body do the following:

(1) Establish a toll-free telephone number for central information and referral at the state level.

(2) Assume the state's responsibility for disseminating information about services for and rights of handicapped people.

(3) Emphasize the special needs of the state's handicapped population, e.g., needs based on ethnic, geographic, and language variations.

(4) Work for better communication among government agencies providing services to the handicapped.

(5) Maintain liaison with local level information coalitions/providers making general information available to them and receiving feedback from them in regard to actual needs.

(6) Provide statewide public education services and develop materials on handicapping conditions

(7) Encourage standardization of procedures for information and referral services within the state, between states, and between state and national systems.

Various implementation strategies were considered. It was suggested that the White House Conference recommend to states that significant funding from state and federal sources be designated specifically for the purpose of establishing centralized state information agencies.

Seminar participants felt that a broad-based coalition of national organizations should develop models for state information councils by forming a task force among seminar participants. Another suggestion was that these organizations develop a model statute for establishment of centralized state information agencies.

The following developmental schedule was envisioned: formation of the first planning and organizing council within 12 months and the first state agency within 24 months, implementation in at least 10 states within 18 months to four years, and establishment in all 50 states within 10 years. Quality control mechanisms would include user feedback and annual, independent evaluation.

Local Level Recommendations

The seminar's recommendations for local action emphasized formation of local coalitions of handicapped groups and local councils of information providers. These coalitions and councils would encourage local networking, provide information services to member organizations, assess local needs, and explore availability of resources. The councils could obtain needed funding and technical assistance in the form of management systems and storage and retrieval techniques and could establish communication with state and national information providers.

Intra-Agency Recommendations

Many seminar participants were information providers within a larger organizational structure, such as a parent agency at the federal level or a national service organization in the private sector. They recommended that the status of information services be improved by writing provisions for such services into bylaws and legislation so that there would be legal accountability for information dissemination.

Concurrently, seminar participants felt that the status of information professionals in policy-making should be enhanced, information technology should be planned by professionals other than computer programmers, and handicapped individuals should be involved in all aspects of information provision. To ensure continuity, different forms of financing were proposed for information services, e.g., third party purchase of services and earmarked funding.

Conclusion

This summary does not do justice to the many specific recommendations made by seminar participants. These included innovative ideas such as reaching potential information consumers with inserts on telephone bills, providing a uniform telephone number for local information and referral services (such as 911), and making the physician the first link to local information services. These and other details are included in the full seminar proceedings.

MAJOR FINDINGS

The National Planning and Advisory Council (NPAC) analyzed the major recommendations resulting from the conference, in preparation for VOLUME III of the White House Conference papers, the Implementation Plan, a report to the President and the Congress of administrative and legislative recommendations to implement action on conference findings.

The Implementation Plan will be a joint issuance by the NPAC and the Secretary of Health, Education, and Welfare. As approved by the NPAC, the Implementation Plan Report was submitted to the Department of HEW in February 1978 for approval and once the report has been transmitted to the President and the Congress, information on its dissemination will be made available.

As a preview to recommending actions detailed in VOLUME III, the NPAC has summarized areas of cross-cutting concern that arose in the mass of materials generated by conference delegates.

- (1) **Handicapped individuals and parents and, or guardians of handicapped individuals must be represented at the highest level of policy making and decision making.**

It is recommended that the President identify and designate an individual within his office to coordinate at the Domestic Council level the policies and Administration activities affecting handicapped individuals and their families. To recommend that someone with this responsibility be placed within the Office of the President is to recognize that the concerns of persons with disabilities cut across many departments, including Justice, Transportation, Housing and Urban Development, Labor, and Commerce as well as the Department of Health, Education, and Welfare.

An administrative net should be developed at the department level with each secretary or department head appointing a special assistant to provide coordination and follow-through in every agency. Priority should be given to individuals with disabilities in filling these positions.

A national planning council or national commission on handicapped individuals is recommended and should incorporate more than the collective power of a number of lesser committees and councils currently in existence. More than half of the members of this consolidated, powerful body should be persons with disabilities, and an additional 25% should be parents and/or guardians of persons with disabilities.

Due consideration should be given to membership of nonwhites, with representation from concerned racial/ethnic minority organizations. The national planning council or commission should have a well defined legislative mandate and adequate funding to allow it to play a meaningful role in national government.

Provision also should be made in the legislative mandate for corresponding councils or commissions at the state and territorial levels to assure continuing grass-roots input regarding needs. Composition of these bodies should be similar to that of the national body, governors, as chief executives of the states or territories, should be the appointing and responsible authorities.

A strong and visible National Center for Handicapped Individuals should be established to initiate and monitor enforcement systems, research, service systems, and programs of public awareness and advocacy, to serve as a clearinghouse for data, research, and technology, and to address other concerns pertinent to implementation of conference recommendations. This center should be founded on an excellent legislative base, with adequate funding to perform its duties well. Such a national center would have unlimited potential for information collection and dissemination. The national commission or council, the state bodies, and the national center should be independent structures outside of operating agencies.

Persons with disabilities and their parents or guardians must have a voice in decisions that affect their lives. This means full voting membership on boards and committees at the policy setting level. While advisory committees are important to decision making, actual participation in decision making is a more important and appropriate role for parents. The lack of visibility suffered by persons without significant economic or political influence means that government and the private sector must be aware of the responsibility to seek out individuals for these positions. Major initiatives of the Administration and the Congress in human service areas such as welfare reform, health care delivery, national health insurance, White House conferences, and employment training and placement are among endeavors that demand participation of individuals with disabilities. Funding to provide for ordinary and extraordinary expenses should be made available in order to enable individuals—regardless of economic status—to serve in decision making capacities. Funding also should be made available for training persons with disabilities and their parents, guardians, and advocates in skills of communication, leadership, and organization to enable them to represent themselves effectively and participate in a meaningful way.

- (2) The lack of an organized human services delivery system as well as the lack of a rational system of economic support for handicapped persons is a major concern.**

The interrelationships among needs of individuals with disabilities must be kept foremost in the minds of people planning human service delivery systems. These interrelationships are not unique to individuals with disabilities except that a high proportion of persons with disabilities fall below the poverty line, and therefore many are captives of systems designed by the public sector with no alternatives. Examples of interrelated needs are easy to find. What good are transportation systems if they are not accessible? What good are health services if they are not

affordable? What good are education or health services if there is no accessible transportation between the individual and the service? What good is health care if one has consistently poor nutrition or a home without heat in winter or a roof that leaks when it rains? What good is job training if there is no follow-through to job placement? One quickly begins to see the need for a *coordinated, individually oriented* system of economic support, education, housing, transportation, employment, and other services. Planners of a coordinated system also must keep in mind that special needs related to specific disabilities require specialized programs—separate but fitting into a coordinated system.

To develop such a system will take a *major organizational effort on the part of the federal government*. This means an effort at communication addressing cross-cutting concerns among department leaders at the Domestic Council level. It means an effort to develop common terminology for service delivery and common definitions of program eligibility, not just in the Office of Human Development Services in the Department of Health, Education, and Welfare but among all programs in all departments focusing on special needs of persons who are disabled. If this is done at the federal level, the filter-down effect through fiscal mechanisms will improve systems at the local levels where the problems arise.

Along with a coordinated system is needed the assurance that individuals who require services receive them. Individual advocacy and monitoring are necessary to provide this assurance, but the deepest respect must be maintained regarding individual rights to privacy and confidentiality.

(3) Public awareness and the need for attitudinal change is a major cross-cutting concern.

Only by consistent recognition of the problems faced by persons with disabilities because of public attitudes, and only through an ongoing effort to change those attitudes can progress be made toward equality of all people. Handicapped persons do not want to be patronized or pitied. Rather, they seek respect as individuals and recognition of their rights, which are the same as those of all citizens. Monitoring media treatment of persons with disabilities and establishing public education programs are both necessary in order to influence attitudes. Training professionals and paraprofessionals who provide services to persons with disabilities on the nature of those disabilities and their effect on the individual and his or her family is needed. A similar effort should be made to reach persons who serve the general public in both the private and public sectors. Again, emphasis on ability rather than disability is required.

(4) Employment training and opportunities for appropriate placement high among concerns of people with disabilities.

Public and private sector job programs should address skill development by persons with disabilities and utilization of those skills for self-fulfillment and to achieve independence wherever possible. Employers, prospective employers, unions, and persons who conduct job training programs should be aware of the potential and abilities of disabled persons and should encourage entry into employment at appropriate levels, matching jobs and talents and providing for continuing education and promotions.

(5) Human and civil rights remain a major concern.

Laws¹ and regulations² of recent history have gone a long way toward protecting human and civil rights of individuals with physical and mental disabilities. What remains to be done is allocate at the federal level the necessary money and manpower to ensure enforcement and monitoring of these laws and regulations. Amendment of the Civil Rights Act of 1964 (P.L. 88-352) to include persons with mental or physical disabilities also should be considered.

Advocacy functions should be strengthened. Advocacy systems must be kept free from co-optation by agencies and funded well in order to perform well. Extraordinary efforts must be made to keep these systems independent and strong, with a concentration of power and resources. A highly placed individual at the federal level and similar persons at the state level should be charged with the responsibility of overseeing an effective advocacy system.

(6) The right of individuals to live and receive service in the least restrictive and culturally oriented environments should be emphasized and supported by programs of training, housing, transportation, education, employment, and other human services as well as by activities in other areas addressed at the conference.

Independent living and support of alternative living arrangements is considered a necessity. This involves a goal of providing living places in communities, along with adequate support and rehabilitative services, all promoting integration into normal living situations. Public transportation, for example, should be useable by all disabled persons. Health and sports education, as another example, should provide training in recreation and life-style that will help disabled persons enjoy the public recreation programs in their own communities. Similarly, accessible and affordable cultural activities should be supported as part of community living.

(7) Educational services weave through the major issue areas.

Education must be tailored to individual needs, regardless of chronological age, and designed to help disabled persons achieve their maximum potential. This may involve self education in order to promote healthful living and prevent illness, or it may involve vocational preparation in order to provide options for economic independence.

(8) The shared needs listed here should not overshadow or cause neglect of the unique and special needs of some individuals with disabilities.

Special needs include those of persons born disabled or disabled early in life, elderly handicapped persons, those in rural and otherwise remote regions, members of nonwhite population groups, and persons with hidden handicaps. The severity and long-term nature of some

¹ Such as Title V of the Rehabilitation Act of 1973 (P.L. 93-112), Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (P.L. 93-508), the Education for All Handicapped Children Act of 1975 (P.L. 94-142), the Architectural Barriers Act of 1968 (P.L. 90-480), and the Development Disabilities Assistance and Bill of Rights Act of 1975 (P.L. 94-103).

² Such as the regulations promulgated to implement Sections 503 and 504 of the Rehabilitation Act of 1973 (P.L. 93-112).

disabilities, the high incidence of disability combined with poverty, the additional problem of language barriers to identification and services, and the difficulties in identifying or obtaining service for those in need who have outwardly symptomless and invisible disabilities are all factors making some groups of persons with disabilities even more vulnerable than others. Again, special effort must be made to address the *compounded* problems of these persons.

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